



City of Seattle

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Department of Neighborhoods  
*Connecting people, communities, and government*

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**Report on Voluntary Compliance Efforts in the  
Central Core and North Alcohol Impact Areas and a  
Request for Mandatory Restrictions**

City of Seattle  
Department of Neighborhoods  
and the  
Seattle Police Department  
with assistance from the  
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Prepared for the  
Washington State Liquor Control Board

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## **1.0 EXECUTIVE SUMMARY**

An alcohol impact area (AIA) is a policy and enforcement tool, specified by Washington State Liquor Control Board (WSLCB) rules, which local jurisdictions can use in an attempt to reduce the problems related to chronic public inebriation (CPI; the acronym is also used to refer to “chronic public inebriate”) in communities. The goal behind this policy tool is to improve public safety and public health, and overall community well-being.

Per WSLCB rules, a local jurisdiction must attempt to secure voluntary compliance on the part of off-premises liquor licensees within the AIA with a request to limit the sale of relevant alcohol products. If the voluntary compliance effort is deemed unsuccessful, then the city may request that the WSLCB impose mandatory restrictions on off-premises liquor licensees within an AIA.

Shortly after the WSLCB adopted the AIA rules for Washington, the City of Seattle initiated work to identify an alcohol impact area. In August of 2000 the Seattle City Council approved a voluntary compliance effort in the Pioneer Square neighborhood of Seattle.

Today, three AIAs exist in Seattle (one with mandatory restrictions and two associated with an effort to achieve voluntary compliance). The Pioneer Square AIA is in place with a set of mandatory restrictions on off-premises alcohol sales by time of day, product packaging (single cans or bottles), and a limited list of banned wine products. In the Central Core and North AIAs, the community and the City have worked together to request that off-premises liquor licensees in the designated areas voluntarily restrict the sale of beer and wine products on a product list. Off-premises licensees in the affected areas were identified at the outset of the voluntary compliance effort and asked to sign a Good Neighbor Agreement (GNA).

This report tries to evaluate the impact of the AIA strategy, as best as possible, with the understanding that it is embedded within a larger universe of initiatives designed to address CPI-related concerns. It uses available data from the Seattle Police Department (SPD) and the Seattle Fire Department (SFD). Recently available data from SPD on call responses for sobering unit van (SUV) pick-ups to transport individuals to a detoxification center are particularly insightful in this analysis.

The data analysis shows mixed and generally unimpressive results to date. The CPI activity seems to be increasing in volume in, and around, the Pioneer Square area, as well as other areas around the city where this problem has been a challenge. In addition, the community and the City achieved only a 30% voluntary compliance rate, in the form of signed GNAs by affected liquor licensees, in the Central Core and North AIAs during the voluntary compliance effort.

Per guidance by the WSLCB, the City of Seattle also reviewed the status of the AIA efforts in Tacoma and Spokane. Our findings are reported here.

We believe the **key weaknesses** with Seattle's incremental implementation of the AIA strategy is that **mandatory restrictions are currently limited to a small number of off-premises licensees in a very small geographic area (the Pioneer Square AIA), and the effort to achieve voluntary compliance with a banned products list in a much larger area (Central Core and North AIAs) has not been very successful.** The City of Seattle believes the evidence presented here is a good-faith effort to demonstrate to the WSLCB that more action is necessary in order to address community concerns. The City would like to work with the community members and other interested parties, and the WSLCB, to **pursue mandatory restrictions throughout the three AIAs in Seattle** as part of a larger strategy to deal with CPI activity within areas of the city.

The **experience in Tacoma with AIA implementation is a good model** with demonstrated success. Therefore, we would like to work with all interested parties to model that success here within our city. We believe a banned products list for all AIAs in Seattle is a good approach.

We look forward to a public process in our city to discuss this issue with the WSLCB, community members, and other interested parties, in order to facilitate a decision by the Board on this request.

## **2.0 INTRODUCTION**

An alcohol impact area (AIA) is a policy and enforcement tool, specified by Washington State Liquor Control Board (WSLCB) rules, which jurisdictions can use in an attempt to reduce the problems related to chronic public inebriation (CPI) in communities. The goal behind this policy tool is to improve public safety and public health, and overall community well-being. Per WSLCB rules,



a local jurisdiction must attempt to secure voluntary compliance on the part of off-premises liquor licensees within the AIA with a request to limit the sale of relevant alcohol products. (An off-premises liquor license allows the licensee to sell alcohol products for consumption outside the premises.) Then, if the voluntary compliance effort is deemed unsuccessful, a city may request that the WSLCB impose mandatory restrictions on off-premises liquor licensees within an AIA. Throughout the AIA process, evaluation of outcomes in a qualitative and quantitative manner is an important part of decision-making.

In **August 2000** the Seattle City Council approved a voluntary compliance effort in the Pioneer Square neighborhood of Seattle. On **July 23, 2003**, after the voluntary compliance effort, the WSLCB approved the City of Seattle's request for mandatory restrictions in an AIA for the Pioneer Square neighborhood. Mandatory restrictions on hours of sale, single cans or bottles, and certain products, began on **September 15, 2003**.

Thereafter, in **June 2004**, the Seattle City Council approved two additional voluntary compliance efforts: the Central Core AIA and the North AIA. Figure 1 displays a map of these two AIAs and the Pioneer Square AIA. (These areas are three distinct AIAs according to WSLCB rules.) In late **October 2004**, voluntary compliance with specified restrictions was requested of over 200 off-premises licensees in the Central Core and North AIAs by way of Good Neighbor Agreements (GNAs).

The WSLCB requires the City of Seattle to submit reports containing statistical and other information showing how the restrictions (either through voluntary or mandatory compliance) have mitigated the negative impacts of problems associated with chronic public inebriation in the recognized AIA. This report relies heavily on statistical information from the Seattle Police Department (SPD) and the Seattle Fire Department (SFD), as well as qualitative information gathered from businesses, residents, and social service providers.

This report focuses primarily on the overall AIA effort within Seattle and outcomes to date, with a primary focus on the effort in the Central Core and North AIAs. While some reference to the Pioneer Square AIA is included here, there is a separate final evaluation report for this AIA with more detailed information (submitted in **April 2006**). This report is included as Appendix A in this document. Additionally, we provide information about AIAs in Tacoma and Spokane. The efforts in these cities, particularly in Tacoma, can be

instructive and helpful. Then, we conclude with a discussion of conclusions and recommendations.

Some supplemental information is included in the appendices. Appendix B displays a copy of the GNA sent to off-premises liquor licensees whose businesses were located within the AIAs. It also shows the list of products that the community and the City would like the licensees to remove from their product inventory for retail sale. Appendix C contains some data definitions which may be helpful for review of the data. Appendix D shows a record of photographic and other evidence that is a brief sampling of the nature of the problem that is challenging communities within Seattle. The information provided there was obtained through the Seattle Department of Neighborhoods (DON) neighborhood service center coordinators' work with community groups.

First, however, the report will provide some background about local CPI issues.

### **3.0 BACKGROUND - THE CPI ISSUE**

In 1997, County Executive Ron Sims convened the Chronic Public Inebriate Systems Solutions Committee. The Committee developed a comprehensive, collaborative strategy to provide practical solutions to the problems associated with chronic public inebriety. This comprehensive strategy includes improvements in treatment, housing, and employment counseling as well as decreased availability of alcohol products shown to contribute to problems of chronic public inebriety. Since 1997, the Chronic Public Inebriate (CPI) Systems Solutions Committee and activists from Pioneer Square and other neighborhoods have achieved many goals, including the following:

- Implementation of a joint City/County housing plan for special populations;
- Opening of the 60-bed Dutch Shisler Sobering Center;
- Establishment of the Crisis Triage Unit at Harborview Medical Center;
- Creation of systems integration activities between mental health and chemical dependency services;
- Opening of the 1811 Eastlake Project (75-bed pre-recovery housing for chronic public inebriates) in late 2005 (developed and operated by the Downtown Emergency Service Center);
- Support of the creation of a Mental Health Crisis Intervention Team (CIT) within the Seattle Police Department;
- Emergency Services Patrol and sobering services; and,

- The City of Seattle is currently planning a multi-million dollar downtown service center for the homeless to access a variety of services. The service center will be located in the Morrison Hotel.

In 1998, after holding public hearings, the King County Board of Health by resolution declared chronic public inebriety to be a public health problem of the highest order. The Health Board requested that the Washington State Liquor Control Board enact rules to reduce the availability of alcohol products to persons with chronic public inebriety within geographically specified alcohol impact zones.

The Washington State Liquor Control Board granted the City of Seattle's request for mandatory restrictions in an AIA in Pioneer Square on July 23, 2003. Mandatory restrictions began September 15, 2003 within this designated AIA.

Additionally, the City of Seattle is currently engaged in a voluntary compliance effort in two larger alcohol impact areas (the Central Core and North AIAs). The voluntary compliance period for the larger areas began in late October 2004. Over 200 off-premises licensees in these geographic areas were asked to sign a good neighbor agreement requesting voluntary compliance with restrictions on the sale of selected alcohol products.

#### **4.0 EVALUATION OF THE PIONEER SQUARE AIA**

Initially, after the six-month evaluation of mandatory restrictions in the Pioneer Square AIA, it appeared that those restrictions may have had some contributing effect toward decreasing the impact of chronic public inebriation on this neighborhood. However, at this point based on four years of data (two years after mandatory restrictions compared to two years before restrictions), it would appear the results are mixed, at best.

Business owners and residents are generally supportive of this strategy for intervention thus far. There are no calls to return to the way things were prior to implementation of the AIA. However, while some "improvements" are seen based on the trends (downward) in the SPD data on calls for service and officer on-views (officer-initiated calls) for alcohol-related issues, we appear to see an increase in ethyl alcohol (ETOH)-related medical incidents in the available SFD data. (Note that the interpretation of the SPD data is hindered to some degree because the data are affected by enforcement strategies.)

Of significant note, however, is the fact that one of the largest reductions anywhere within the city in ETOH-related medical incidents by SFD EMS occurred within the northeast quadrant of the Pioneer Square AIA (near 2<sup>nd</sup> & 3<sup>rd</sup> Avenues and Yesler Way). However, this is countered by large increases in the number of ETOH incidents in other parts of the Pioneer Square AIA and along the perimeter of the AIA. (See the attached report in Appendix A.)

Furthermore, recently available data from SPD on call responses for sobering unit van pick-ups provide new evidence, not available in previous evaluation reports (including Appendix A), that the SUV responses have been generally increasing around Pioneer Square over the last several years.

The City believes the geographic size of the Pioneer Square AIA is too small to be effective. More discussion of this issue will be included later in this report.

A full analysis of available data (available as of April 2006) and an evaluation are included in Appendix A.

## **5.0 OVERVIEW OF THE VOLUNTARY COMPLIANCE EFFORTS**

Prior to the adoption of the two new AIAs in the city around the Center City area (“Central Core AIA”) and the University District (“North AIA”), there were well-attended public meetings held in different parts of the city that would be affected (e.g., Downtown, Capitol Hill, and the University District). These meetings gave all interested stakeholders a chance to learn more about the community and business concerns, the policy issues and goals, and the tool, as well as the expected geographic area of focus. There appeared to be considerable support for the use of this tool from community members and businesses. Some concerns were expressed by a few business owners, local residents, and industry representatives, but overall the response was generally very positive.

This local support continued into a May 2004 briefing of a council committee. After the Seattle City Council passed an ordinance on June 1, 2004 (Ordinance #121487) to create the two new AIAs, and then the Mayor signed the ordinance a week later, there was a concerted outreach effort by the Department of Neighborhoods (DON), with assistance from other agencies and community members and community groups, to inform the affected off-premises licensees and encourage their participation in the voluntary compliance effort.

DON obtained liquor license data from WSLCB staff with street address and other license-related data in order to identify the affected off-premises licensees within the two AIAs. These data were geocoded in order to select the affected licensees. The resulting maps from that effort were also shared with WSLCB enforcement staff from Seattle who planned to use the information in their outreach efforts to notify the licensees about the upcoming initiative to achieve voluntary compliance.

DON identified approximately 220 licensees who would be affected by AIA efforts in these two areas. A list of the licensees and maps of their locations by geographic area were prepared in order to assist DON staff and the community with outreach efforts.

DON worked with the City Attorney's Office to draft the Good Neighbor Agreement for the outreach effort to achieve voluntary compliance. The content of the GNA was driven largely based on feedback from the earlier public meetings, and other community input, as well as the City's own impressions that a list of selected products to be removed from the sales inventory is the best approach in order to secure effective outcomes. (This has been the approach of the City of Tacoma, which did weigh into the decision-making, but the City of Seattle has been a proponent of a product list even before Tacoma's AIA was implemented.) A sample of the GNA for this work is attached in Appendix B. Again, the list of products is based on feedback from local community members, as well as the experience in Tacoma with implementation of an AIA.

DON's neighborhood service center coordinators based in the affected areas worked closely with DON's Neighborhood Action Team and community members to set out a plan and schedule to visit as many licensees as possible, at their place of business, to talk about the upcoming effort to secure a voluntary agreement to restrict the sale of selected products. This effort occurred during a three-month period that extended roughly from July through September of 2004. Visits were covered by the local media and featured in the print media. In fact, the local media have covered this topic regularly over the last several years.

In October 2004 the City sent out a letter to all affected off-premises licensees based on a review of the liquor license data (including business location) received from the WSLCB. The letter requested each licensee to sign and return an enclosed GNA and then comply with the agreement as a voluntary act to show their concern for the community as a good neighbor. In weeks following the transmittal of the request to affected businesses, city staff and community

members touched base with licensees who had not signed to date. The business owners sometimes expressed a resistance to participate in a voluntary effort for fear that other nearby businesses would not choose to participate and thereby benefit from a redistribution of supply to meet the demand. (This comment about a need for a “level playing field” has surfaced at various times during discussion of the AIA process at public meetings and in informal discussions.)

## **6.0 ANALYSIS AND EVALUATION OF VOLUNTARY COMPLIANCE**

The simplest and purest form of primary data that we have for this report is an analysis of the proportion of affected off-premises liquor licensees who signed the GNA and, presumably, were completely faithful to their commitment to the community.

As noted earlier, at the time of implementation of voluntary compliance, there were about 220 licensees affected by the AIA voluntary compliance efforts in the Central Core and North AIAs (and not within the Pioneer Square AIA). Of those licensees, approximately 30% signed and returned a GNA based on the information collected and reported by the DON Neighborhood Action Team lead and neighborhood service center coordinators. Most of the large retailers in the area did comply with the request to sign a GNA, with a few exceptions. So, a compliance rate of 30% is a potential concern in terms of the probability of success of this effort.

This report generally focuses on the same data sets used in the application for the Pioneer Square AIA designation, as well as the subsequent evaluation reporting on the Pioneer Square AIA. In general, this has been done to provide some level of consistency in the analyses over a period of time. Recently, however, we were able to obtain more detailed data from SPD on calls for a sobering unit van (SUV) to come to a location to take an individual to a detoxification (“detox”) center. This data will be presented in the evaluation here and is an important new data source for purposes of evaluation. (This data had been available in a limited manner in the past, but the current data set is a rich, new resource that was previously unavailable.)

For most of the analyses included in this report, an equal period of data before and after “implementation” was used in the analysis to account for seasonal issues. The periods of interest are November 1, 2003 to October 31, 2004 (before voluntary compliance in the Central Core and North AIAs) vs. November 1, 2004 to October 31, 2005 (after voluntary compliance). The date

of November 1, 2004 was chosen as the “effective date for voluntary compliance to begin” for purposes of this analysis. This date is about 10 days after the GNA was sent to affected liquor licensees. Additionally, it was about five months after the Seattle City Council adopted the Central Core and North AIAs in an ordinance. Furthermore, there was considerable outreach from June 2004 through October 2004 to the affected liquor licensees in order to notify them of the upcoming request for voluntary restrictions. So, while there isn’t a hard demarcation for a starting point in which every affected licensee decided to participate in voluntary compliance, November 1 of 2004 is considered to be a reasonably good date for an evaluation.

For the newly available data on SUV responses, we will present the data over a period of five years to look at temporal and spatial trends around the city. The rationale for this is two-fold. First, King County Emergency Services Patrol has indicated that services for the SUV pick-ups were cut in 2005. The scaled-back services included a cut from 24 hours of service per day to 20 hours (8 a.m. – noon is not covered now). Also, the SUV no longer responds to calls north of the Ship Canal. So, this change in service has a “dampening” effect on the SUV response data and it is difficult to evaluate the change over the time periods noted above (i.e., much of the twelve-month period in the “after case” is in 2005). Second, this newly available data has never been analyzed before in detail, so an analysis of annual trends back to 2001 may yield some insight regarding what has happened in the Pioneer Square AIA (although, obviously this is not the subject of this current report).

Figure 2 shows the number of calls to the sobering unit van in which a van responded to transfer a person to a detoxification center (see Appendix C for more information on the data). The trend is markedly upward from 2001 to 2004, with a slight drop in 2005. As noted earlier, this dip in the data appears to be related, at least in part, to the reduction in available services. The increase from 2001 to 2002 may be a function of greater demand, but it could also be attributed to a change in service level on the part of King County Emergency Services Patrol. (KC ESP has indicated that staff resources were re-allocated around 2001/2002 to focus staff effort on pick-ups alone rather than pick-ups and drop-offs.) In terms of the potential change in demand, it is interesting to note that the City of Tacoma implemented an AIA with mandatory restrictions in March 2002. Clearly, it is not possible to definitively link the upward trend in this data in Seattle to some changes in Tacoma, but activities in Tacoma could have caused CPIs to leave Tacoma for other environs.

Figure 3 provides a geographic perspective to the data shown in Figure 2. The data are presented for the total period of record (five years). The map shows the density of SUV responses based on a regular grid of zones that cover the city. Each grid cell for the analysis is approximately ten acres in size (if no responses were recorded in a grid cell, then the grid cell is not shown on the map). Also, the boundaries of the alcohol impact areas are shown on this map, too. This map shows that the AIAs are generally defined in areas that appear to have problems with CPI activity. This is a validation of previous work that was based on proxy data sources (i.e., not SUV response data). Given that the map is based on approximately 60,000+ responses over a five-year period, the mapped data reflect long-term trends (about five percent of the data over the period could not be geographically located due to inadequacies in the location data). The map shows that the highest concentration of incidents is near the Pike Place Public Market at 1<sup>st</sup> Avenue and Pike/Pine Streets. However, Pioneer Square is a significant hot spot as well with a large number of incidents scattered around the neighborhood. The map also reflects frequent incidents scattered around various parts of the city, including Capitol Hill, Chinatown-International District, Uptown/Lower Queen Anne, First Hill, the Central Area, the University District, South Lake Union, and various other parts of Center City.

The map shows the density of incidents over the five-year record, but Figure 4 is an attempt to show how the SUV responses vary annually by geographic area. In this case we have used the AIA boundaries as a way to present the geographic variation in chart form. A drop in SUV responses is clearly evident for 2005, with a steady increase in responses from 2001. Again, as discussed earlier, this has to be considered in the context of service levels administered by KC ESP. The presentation shows that for the city as a whole, in many areas, generally speaking we see a drop in the number of SUV responses. This would seem to indicate that SUV service levels are an important driver in this data trend. That may also suggest that without service cuts to KC ESP the trends could have continued upward. Of course, it is possible that the very limited partial voluntary compliance with requested liquor sales restrictions in the Central Core AIA could have played some role in this trend.

The fact that SUV responses in the Pioneer Square AIA continue to rise from 2001 into 2005 suggests strong and continued demand for this service in the Pioneer Square AIA. In fact, this might suggest evidence to explain KC ESP's decision to reallocate services in 2005 to focus its resources efficiently on areas of key, and growing, historical demand. Another interesting observation about this data is that there was a slight reduction in the number of SUV call responses



in the Pioneer Square AIA from 2002 to 2003, and we note that mandatory restrictions were put into place in the Pioneer Square AIA on September 15, 2003. This may suggest that the mandatory restrictions had some effect on CPI activity in late 2003 during initial implementation. This seems to be supported and potentially documented, in part, by some of the earlier work to evaluate the effectiveness of the Pioneer Square AIA; the City saw some improvements based on the data analysis in the six-month evaluation report to the WSLCB, but subsequent evaluation reports (one-year and two-year reports) saw a reversal of the trend. This may suggest that the change affected by the mandatory restrictions implemented in the Pioneer Square AIA in September 2003 had some disruptive effect on the behavior of chronic public inebriates, but it appears that the initial impact is no longer apparent in the long-term data trends.

Figures 5, 6, and 7 display an analysis of the change in SPD calls and officer on-views for liquor (adult) issues (e.g., “drinking in public”) based on three geographic categories: within the Central Core AIA, within the North AIA, and outside the Central Core and North AIAs, respectively. For all comparisons, the analysis uses one year of data before the effective date when voluntary compliance was considered to be initiated (November 1, 2004) and compares that to one year of data afterwards. This type of comparison will account for, and eliminate, seasonal variations.

For the Central Core AIA (Figure 5) we see that many call types exhibited a reduction in frequency as compared to the prior one-year period, but there are a few exceptions (Prowler/Trespass, Narcotics, Drug Traffic Loitering, etc.) On the other hand, the North AIA (Figure 6) shows that the frequency of most call types has increased in the one-year period after the effective voluntary compliance start date. These increases are generally across the board, but there are a few exceptions. There was a noticeable increase in liquor (adult) calls/on-views. Given that SUV response has been eliminated for areas north of the Ship Canal it is possible to speculate that there may be some potential linkage here, however, we cannot provide an answer to this question based solely on this available data. In other areas outside the voluntary compliance AIAs, we generally see little change in the various call types (Figure 7). Some call types that exhibit marked increases or decreases in these areas are: theft/car prowl (increase), noise disturbance (decrease), and adult liquor (decrease).

The chart in Figure 8 integrates the data from the previous three figures to present a review of the change before and after voluntary compliance for adult liquor calls by geographic area. This chart contrasts a roughly 35 percent jump

in calls within the North AIA with a decrease in calls of this type elsewhere. One observation here is that the area comprised of the Central Core and North AIA has higher frequencies of calls/on-views than other parts of the city, but it also shows there was a larger decrease outside of the AIAs. These kinds of non-intuitive outcomes demonstrate some of the challenges when working with secondary data sources. Given the previous discussion regarding SUV service levels, which might have a linkage here to the changes in the North AIA, it is easy to see how many complex real-world confounding factors can come into play for evaluation purposes. In addition to the service level cuts of the sobering unit vans, other factors that can influence SPD calls and officer on-views are changes in development/construction, land use, and SPD enforcement strategies, among other things. It's also important to note the adult liquor calls and on-views may be recorded for other problems that would not be commonly considered "CPI" in orientation. Therefore, the SPD data on liquor calls/on-views is challenging to interpret and evaluate. (We have included it here because it has been a secondary data source that has been used in the past. However, we believe the SUV call response data and the SFD alcohol-related medical incident data, described later in this report, are better indicators of the CPI activity on the street.)

If we look at annual trends in SPD adult liquor calls/on-views for the city of Seattle as a whole, there appears to be a general downward trend in the number of calls from 2001 – 2005 (Figure 9), save for a slight spike in the frequency for 2003. Again, however, it is difficult to tell if this is related to volumes of "CPI activity" or other factors, such as enforcement strategies, other liquor-related issues, etc.

Figure 10 presents a representation of the geographic distribution of SPD calls and on-views for adult liquor, as well as change in frequency over time. Generally speaking, like the overall citywide trend, we see downward trends for calls and on-views from 2001 to 2005 in many of the neighborhoods (although the patterns are clearly not simple and uniform, with local differences apparent). The geographic areas with the largest number of calls include Downtown, Pioneer Square, Belltown, the Pike Place Market area/West Edge, the University District, Capitol Hill, Chinatown-International District, Denny Triangle, South Lake Union, and the area around Seattle Center.

Another data set available to the City is based on ETOH (ethyl alcohol) medical incidents reported by SFD. This is a secondary data source that may be better than the SPD call/on-view data because it reflects incidents in which people in

need were treated for medical conditions. In that sense it may not be subject to the level of interpretation and uncertainty as the SPD call/on-view data. Nevertheless, the SFD ETOH data is not purely a measure of CPI activity in, and of, itself, but rather a proxy to look at where significant medical conditions which involve alcohol (and/or drugs) may be found around the city. This data will include other liquor- and drug-related incidents that are not CPI in nature.

The chart in Figure 11 shows how the frequency of ETOH incidents has changed over a two-year period of record centered on the effective date for voluntary compliance in the Central Core and North AIAs. The increases in the Pioneer Square and North AIAs are quite high (approximately 20 percent and 95 percent, respectively). Another aspect about this chart which is interesting is the slight reduction in incidents in the Central Core AIA. Might this reflect some very small measure of effectiveness of the voluntary compliance AIA effort there, despite only a 30 percent compliance rate by licensees? Unfortunately, beyond that particular area we see general increases across the board around the city.

The geographic distribution of the same data (presented in Figure 11) is shown in map form in Figure 12, with change data aggregated by means of 10-acre grid cells. This kind of representation shows the nature of change on a fairly localized level over the two-year period (one year after voluntary compliance was initiated vs. one year before). Over the two-year period presented on the map, and ignoring very localized changes, the areas with increases in ETOH-related incidents during this period include parts of Pioneer Square, Downtown/Belltown, Uptown/Lower Queen Anne, Denny Triangle, Chinatown-International District, the University District, and Ballard. In terms of generalization and, again, ignoring very localized changes, it appears that areas with a reduction in the number of incidents during this period include parts of Broadway and the Pike/Pine corridor of Capitol Hill.

Citywide, the trend in ETOH incidents and patients served, beyond this two-year period centered on the voluntary compliance effort, shows that the number of patients is increasing in the last few years. The annual number of EMS patients for alcohol-related incidents citywide is shown in Figure 13 and there is a steady upward trend from 2002. In 2005, the number of incidents was likely to be over 4,700 and this surpassed the level of 2001. This trend appears to show some consistency with trends reflected in the SUV call response data. These patterns suggest that growing alcohol-related issues for various neighborhoods in the city can be seen in the available data, and that CPI activity is at least some

component of the problem, so efforts to mitigate the impact of alcohol for public health and safety should be considered.

Beyond the use of quantitative analysis of data (primarily secondary data in this report), and the associated issues with such data, both the WSLCB and researchers in this field (e.g., see a Washington State University (WSU) evaluation report on the Tacoma AIA mentioned later in this report) encourage the integration of qualitative and anecdotal data, and various forms of quantitative data, into an overall analysis and assessment. This methodology, sometimes referred to as a “mixed-method” approach, can provide a richer description and basis of analysis for evaluation. It provides a means to tell a story from multiple perspectives that cannot be served by one type of data alone. In our case, it also demonstrates, in part, community concern about the CPI issue and support for strategies to address the issue.

Appendix D presents some evidence of the CPI problem based on photographs and inventories of alcohol-related litter collected by community volunteers. The presentation is sorted by a general description of neighborhood areas with some description of the time period for the collection activity and the people involved in each effort. This does not represent all of the outcomes from this type of data collection activity within the community, but merely the recently collected information that can be presented here in a relatively concise manner. The City anticipates that additional data of this type may be available at the upcoming public hearings to be scheduled to discuss the possibility of mandatory restrictions with the WSLCB. The evidence in this appendix does show that it is relatively easy for members of the community to collect bottles and cans of low-cost/high-alcohol content products in various areas around the city that are the focus of concern for CPI activity.

The Colman Neighborhood Association has been working with the WSLCB and the City Attorney’s Office to obtain restrictions on the liquor license of a local establishment that has contributed to the CPI problem in their community. This group received much assistance from the City Attorney’s Office. It now reports, within the first month after the restrictions went into place, that there has been a “remarkable” reduction in the number of alcohol-related incidents and the number of littered bottles and cans in the vicinity of the establishment. The group also reports that there are seven businesses selling alcohol-related products within their neighborhood or along its perimeter. So, this neighborhood association is strongly supportive of the AIA tool as a means to deal with the problem on an area-wide basis.

Various neighborhood service center coordinators within DON have provided notes regarding the level of commitment and support from community groups in their geographic sub-area of the city. It appears to be fairly well-documented that numerous neighborhood organizations and individuals from neighborhoods around the Central Core and North AIA are strongly supportive of this effort and have been actively involved with the AIA process in Seattle.

## **7.0 REVIEW OF AIA EFFORTS IN OTHER PARTS OF THE STATE**

The WSLCB has suggested that the City of Seattle should consider developments and outcomes elsewhere within the state. This section will review the status and outcomes in Tacoma and Spokane.

### **7.1 THE TACOMA AIA EXPERIENCE**

Mandatory restrictions on the sale of selected products in the Tacoma AIA were put into place on March 1, 2002. Figure 14 shows a map of the Tacoma AIA in the downtown area of the city. The geographic area of the AIA is approximately six square miles in size.

The WSLCB sponsored some research, by Washington State University's Social and Economic Sciences Research Center, to review and evaluate the outcomes from the Tacoma AIA effort. The report is available online (<http://www.sesrc.wsu.edu/sesrcsite/>). The report makes extensive use of a variety of research methodologies.

In that evaluation report, data on the number of EMS cases for alcohol-related incidents are shown for a 13-month period of data before and after mandatory restrictions were effective (Feb. 1, 2001 – Feb. 28, 2002 vs. March 1, 2002 – March 31, 2003). The data are shown here in Figure 15. This data shows a clear reduction in the number of EMS cases on file within the Tacoma AIA – a 36% reduction from 1,036 cases before to 667 cases afterward. During the same period there was a corresponding increase in cases in areas of the city that are located outside the AIA – from 1,198 to 1,380 (15% increase). This geographic breakdown in the change resulted in an overall (citywide) decrease in the number of EMS cases by about 8% during the period of comparison. These results are fairly dramatic.

There is considerably more data of interest in the WSU report. The WSU report indicates that the qualitative and quantitative data suggest that the AIA was likely one of the components of an overall strategy that worked to reduce the impact of chronic public inebriation in the community. However, from a purely academic and scientific standpoint, it is not possible to attribute Tacoma's successes to the AIA itself. The study conclusions are as follows:

"The evaluation results suggest that the AIA rules have been effective at achieving most of the goals of dealing with the problem of chronic public inebriation. Some of the results are quite strong, especially the reductions in police service calls with the AIA, the decreases in alcohol related emergency medical services incidents and detoxification facility admissions, and the public perceptions of changes in problems associated with chronic public inebriation.

While the evaluation finds several indicators of positive change in the Tacoma AIA, it is not possible to conclude that all the changes are due solely to the AIA itself. It is possible that some of these changes may have occurred even without the AIA. There were a number of other things happening to deal with the problem of chronic public inebriation, including volunteer efforts to clean up street litter, increased police participation in dealing with the chronic public inebriate problem, downtown urban revitalization efforts, and the provision of more services with the opening of the new Tacoma Rescue Mission.

In summary, it is probable that the AIA restrictions are just one aspect of an entire community wide effort to deal with chronic public inebriation. Putting the AIA restrictions in place strengthened the community wide efforts and gave others more motivation to deal with the problem of chronic public inebriation." (Dr. John Tarnai, WSU Research Report on the evaluation of the Tacoma AIA, June 2003)

The City of Tacoma, particularly the Tacoma Police Department (TPD) and the Tacoma Fire Department (TFD), continue to monitor the situation related to CPI activity in the city. The City of Seattle has obtained data from the City of Tacoma and some charts of that data are presented in Figures 16 and 17. (Please note that these numbers are not comparable to the data from the WSU report because: a) the WSU report used 13 months of data as the period for comparison; and b) the data in these charts do not include incidents at private residences, farms, industrial places, recreational/sports facilities, and residential institutions.)

Figure 16 shows annual citywide data collected on the number of alcohol-related EMS patients over a five-year period (2001 – 2005) in Tacoma. The number of patients dropped from 2001 levels in 2002 and 2003. In 2001 approximately 1,300 patients/incidents were recorded; the 2002 level was roughly 10% below that level and the 2003 level was approximately 20% below that level. Thereafter, the citywide number of patients rose in 2004 and 2005 so that the 2005 level is roughly the same as the 2001 level. So, it would appear that after the mandatory restrictions were initiated (March 1, 2002) the number of alcohol-related EMS cases dropped noticeably. On a citywide basis, though, the level has returned to pre-AIA levels.

However, when these data are viewed from a geographic perspective based on the Tacoma Fire Department's CAD (Dispatch) engine zones (see the map in Figure 14), we get more information about the trends. See the chart in Figure 17 for a review of the same five-year data, but now broken down by geographic location. The AIA encompasses virtually all of engine zones 1 and 4, much of CAD engine zone 2, and a small portion of engine zone 9 and 13. In engine zones 1 and 4 (including downtown Tacoma), there has been a considerable and relatively steady drop in the number of alcohol-related EMS cases. In engine zones 2, 9, and 13, the 2005 level is higher than the 2001 level with the largest change occurring in zone 9 (albeit, and unsteady pattern over the five-year period). Other increases are noticed in other engine zones, including zones 10, 11, and 12. So, generally speaking, over the five-year period we see a significant decrease in the number of EMS cases at the core of the AIA in downtown Tacoma, and scattered increases around the city (particularly to the south and southeast, but also possibly to the west of downtown Tacoma). The result, based on this one measure, reflects a more even distribution of these incidents across the city with a decrease in the concentrated nature of the incidents in the AIA and downtown Tacoma.

The City of Seattle has discussed these results with Officer Greg Hopkins, a community liaison officer with TPD, and Roger Edington, Paramedic Supervisor at TFD. Both continue to feel the AIA effort has been effective in Tacoma, as reflected by the data analysis.

Mr. Edington suggests that the relocation of the Tacoma Rescue Mission from a location within engine zone 1 to another location within engine zone 2 is the likely cause for some of the change noticed in that area of Tacoma, and Officer Hopkins would agree with that assessment as well. The Tacoma Rescue Mission is now located within engine zone 2 at 425 S Tacoma Way (just northwest of the I-5 & I-705 interchange) and it remains inside the Tacoma AIA boundary.

Officer Hopkins would admit that some dispersion of the CPI activity is apparent, but it is not enough to cause concerns or raise questions about an amended AIA boundary or a new AIA. According to Officer Hopkins, it is "minimal and manageable for the community and public safety providers."

He goes on to say:

"The AIA remains a very effective tool in dealing with chronic public drinking issues and outcomes. We continue to receive positive feedback from our business districts and neighborhoods.

The distributors have played an important role in self-policing the AIA and keeping products out that may violate the intent of the AIA. This applies to products as well as advertising methods, too.

The Sobering Center is a critical component along with the TFD managing the high utilizers. The AIA is more than just restricting products. It's the systems improvements and partnerships that have been developed and our ability to work 'smarter' with these high-utilizer populations. You can't have good things happening without trying to fit all pieces of the puzzle together.

I still say it (AIA) is one of the best pieces of work we have done in my 27 years of public safety work. We just don't see the kind of problems that were so visible and we have truly helped to create a more safe and vibrant community with the AIA and subsequent projects." (Communication of April 17, 2006)

## 7.2 TACOMA AND SEATTLE: A COMPARISON

The comparison between Tacoma and Seattle in terms of approach and outcomes, to date, shows noted differences as can be seen from the information presented earlier in this report. Table 1 presents a concise summary of the differences.

Currently, Tacoma has mandatory restrictions by way of a banned products list in its AIA. The AIA is approximately six square miles in size, which includes the downtown core of the city. Given that the city is about 50 square miles in size, the AIA represents almost 12 percent of the city's geographic area. This strategy, embedded within a systems approach to target alcohol-related issues, has resulted in favorable perceptions of change from public safety professionals and community members. A sampling of quantitative measures shows the nature of the change:

- evidence of a reduction in the number of alcohol-related EMS cases within the AIA shortly after implementation, and sustained over time;
- evidence that the *citywide* total of alcohol-related EMS cases went down after implementation of the AIA and stayed down for a few years (although now just returning to roughly the level of 2001).

In Seattle, the only mandatory restrictions in effect are within the Pioneer Square AIA, which is only about 0.12 square miles in size (this is an area equivalent to a square region that is one-third of a mile, or a little over 1,800 feet, on each side). For a discussion of the nature of the mandatory restrictions in Pioneer Square, see Appendix A (they include time-of-day restrictions on the sale of any alcohol products for off-premises consumption, restrictions on the sale of off-premises beer products by the single can or bottle, and restrictions on the sale of selected wine products). Given the size of the city of Seattle (approximately 83 square miles), this is a very small percentage of the



geographic extent of the city. Additionally, it has only contained a small number of off-premises licensees.

While the addition of the Central Core AIA (approximately 5.7 square miles) and the North AIA (approximately 0.8 square miles) brings the geographic extent of the AIA effort on par with that of Tacoma's effort on an absolute geographic size basis, the level of voluntary compliance within Seattle has been weak as stated earlier. The compliance rate is measured by the number of good neighbor agreements signed by the affected licensees. Only about 30% of the affected licensees in the Central Core and North AIAs at the time of notification chose to sign the GNA and voluntarily restrict the sale of selected products on a list.

A review of the number of alcohol-related EMS incidents in Seattle, before and after the implementation of the Pioneer Square AIA (mandatory restrictions) and the Central Core and North AIAs (voluntary compliance) shows that the number of incidents have increased over the relevant periods of comparison, and the trend on an annual basis is upward in Seattle.

The incremental approach to AIA implementation in Seattle has been cautious, but the resulting outcomes appear to indicate that further steps are necessary toward the use of mandatory restrictions in a larger area as part of a wider strategy to deal with chronic public inebriation in communities.

### **7.3 AIA DEVELOPMENTS IN SPOKANE**

The Spokane City Council adopted an alcohol impact area in December of 2002 for voluntary compliance efforts. The ordinance became effective on January 26, 2003. On February 28, 2003 the Spokane Police Department invited community members to a meeting on March 12, 2003 to discuss the implementation of the AIA in the downtown area. The City initiated its voluntary compliance phase in May 2003.

In Spokane, affected liquor licensees were asked to sign a GNA which requested that the business restrict alcohol sales to products with an alcohol content of 5.5% or less.

In May 2003 the City was able to secure signed agreements by all 22 liquor licensees affected by the AIA.

Unfortunately, due to personnel transitions and other reasons, an evaluative study has not been performed to review the outcomes after 100% voluntary compliance had been achieved. One patrol officer's perspective would suggest that not much has changed in terms of CPI activity. However, admittedly, there isn't much information (qualitative or quantitative) already available at this point for an independent party to perform a complete status report on outcomes.

The Spokane Police Department indicates that an effort will be underway to resurrect the AIA effort with the community and to evaluate whether mandatory restrictions should be put into place in order to produce effective outcomes.

## **8.0 GENERAL CONCLUSIONS AND NEXT STEPS**

Initially, after the six-month evaluation of the Pioneer Square AIA, it appeared that the mandatory restrictions associated with the Pioneer Square AIA may have had some contributing effect toward decreasing the impact of chronic public inebriation on this neighborhood. At this point, however, it would appear the results are mixed, at best. There is some evidence that the Pioneer Square AIA may have contributed to a significant reduction in alcohol-related issues at the very core of the Pioneer Square AIA over the last four years, but similar evidence also shows trends upward within other parts of this small AIA and around its perimeter (e.g., the ETOH-related SFD EMS cases). Both the ETOH-related medical incident data and the SUV call response data seem to indicate the CPI problem is growing in the Pioneer Square AIA as a whole. Business owners and residents are generally supportive of this strategy for intervention thus far. There are no calls to return to the way things were prior to implementation of the AIA. However, particularly in light of recently available data, there appears to be a need to make continued improvements to strengthen the implementation of the AIA strategy.

In the Central Core and North AIAs, the rate of voluntary compliance (30% of affected off-premises licensees signed a GNA) was poor. Although there was a slight reduction in the number of EMS alcohol-related cases in the Central Core AIA over a one-year period of comparison after the voluntary compliance phase began, there was about a 5% increase in incidents in the Central Core and North AIAs (combined) and a 7% increase in all AIAs (Pioneer Square, Central Core, and North AIAs) over that period. Furthermore, citywide, the number of ETOH-related EMS incidents appears to be on the rise based on data from SFD. A similar trend is also apparent in the call response data for the sobering unit

van. This is juxtaposed with what appears to be significant support from local community members to take further steps in order to deal with this issue.

We believe the **key weaknesses** with Seattle's incremental implementation of the AIA strategy is that **mandatory restrictions are currently limited to a small number of off-premises licensees in a very small geographic area (the Pioneer Square AIA), and the effort to achieve voluntary compliance with a banned products list in a much larger area (Central Core and North AIAs) has not been very successful.** The City of Seattle believes the evidence presented here is a good-faith effort to demonstrate to the WSLCB that more action is necessary in order to address community concerns. The City would like to work with the community members and other interested parties, and the WSLCB, to **pursue mandatory restrictions throughout the three AIAs in Seattle** as part of a larger strategy to deal with CPI activity within areas of the city.

The **experience in Tacoma with AIA implementation is a good model** with demonstrated success. Therefore, we would like to work with all interested parties to model that success here within our city. We believe a banned products list for all AIAs in Seattle is a good approach. Additionally, the city's overarching strategies for dealing with the CPI issue, and related matters, should model the work within Tacoma, as well. The City of Seattle is coordinating many other resources and efforts to deal with this issue within a wider strategy.

We look forward to a public process in our city to discuss this issue with the WSLCB and facilitate a decision by the Board on this request.

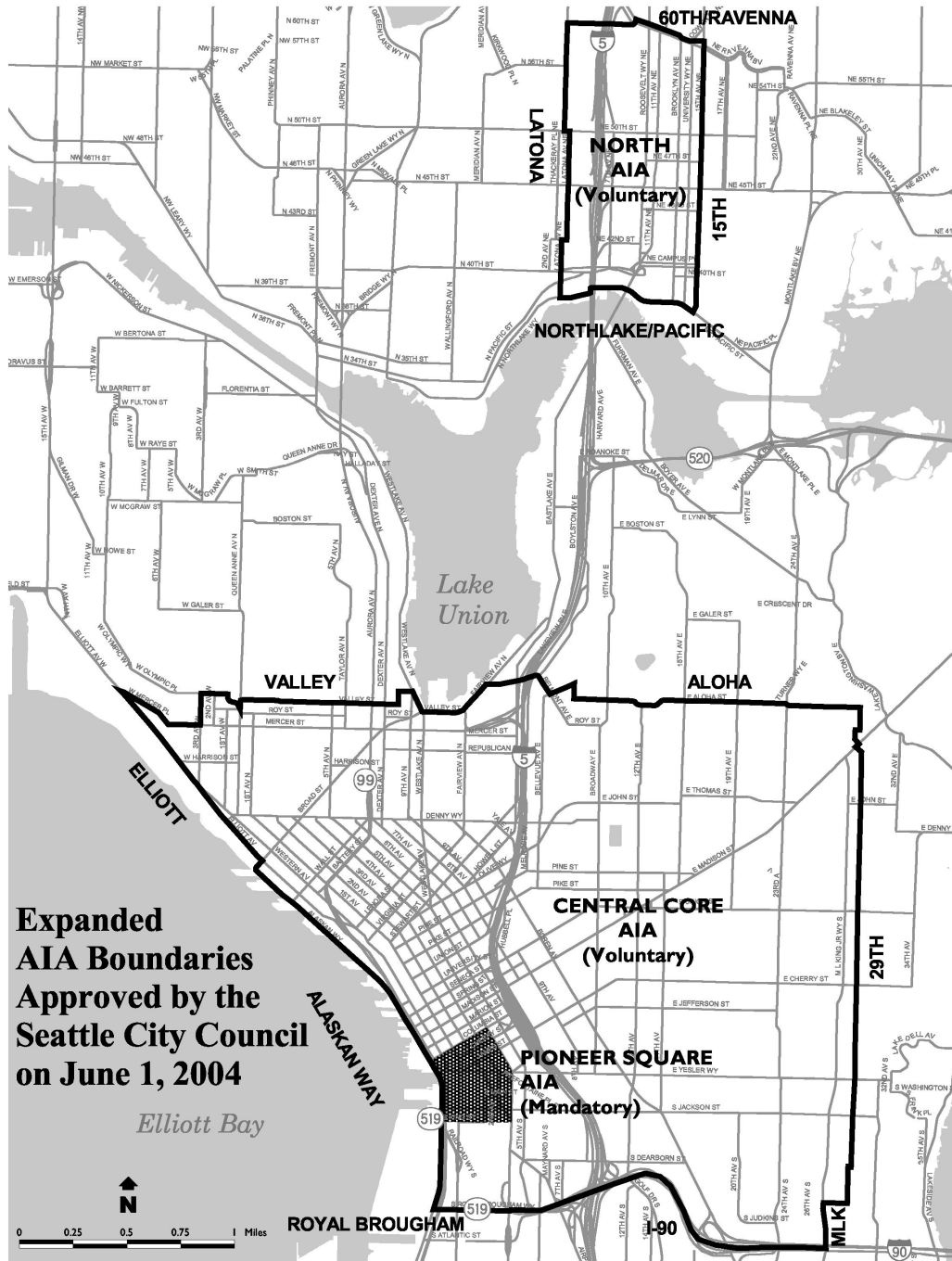
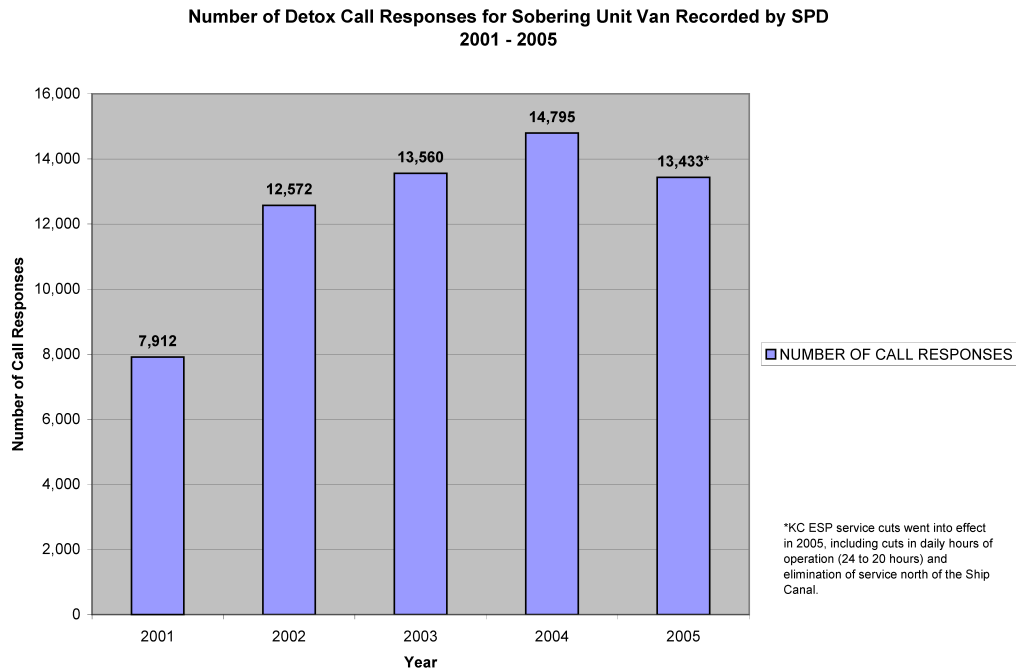


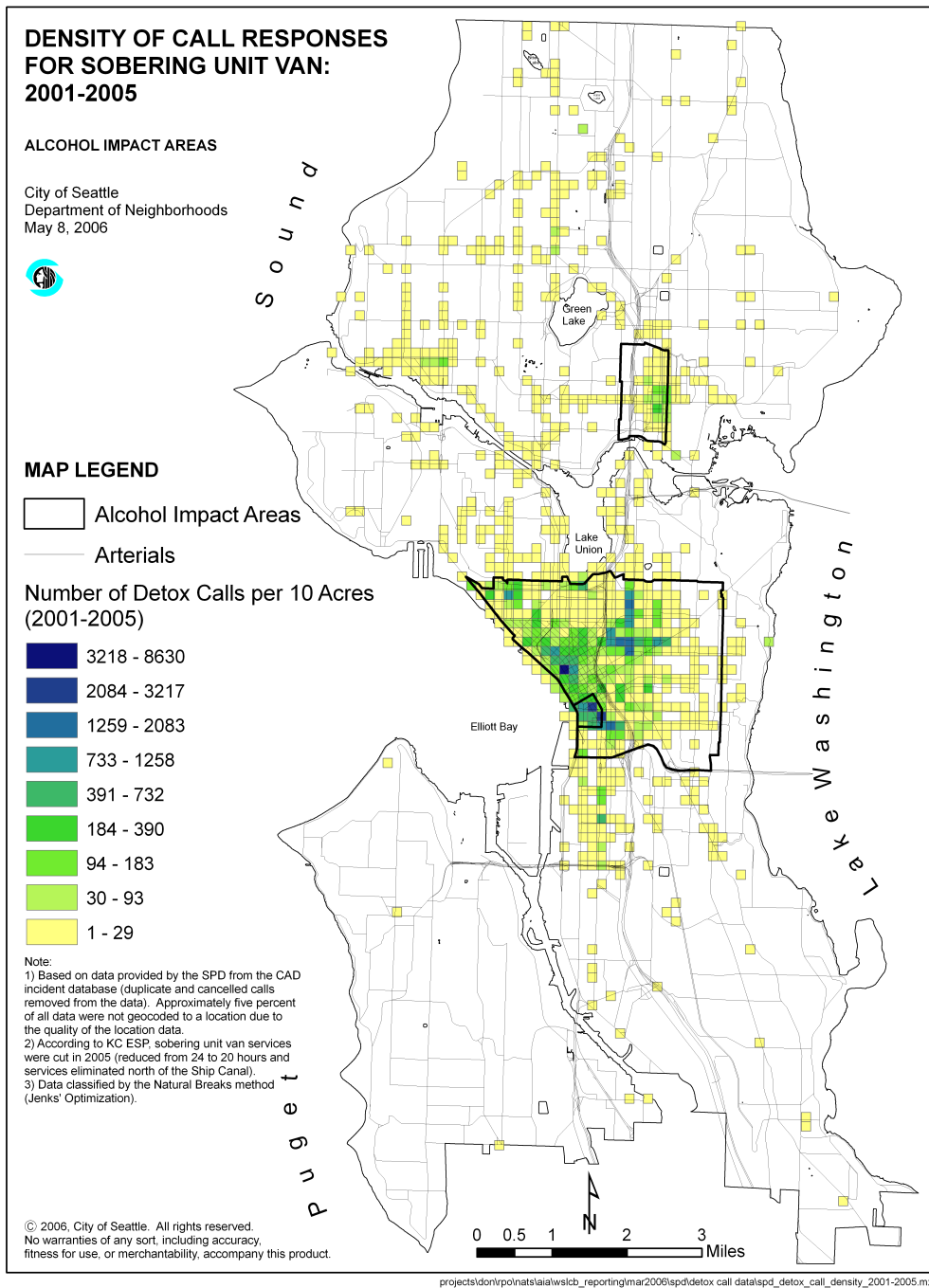
Figure 1

The current alcohol impact area (AIA) boundaries adopted by the Seattle City Council as of Tuesday, June 1, 2004. There are three separate AIAs within Seattle.



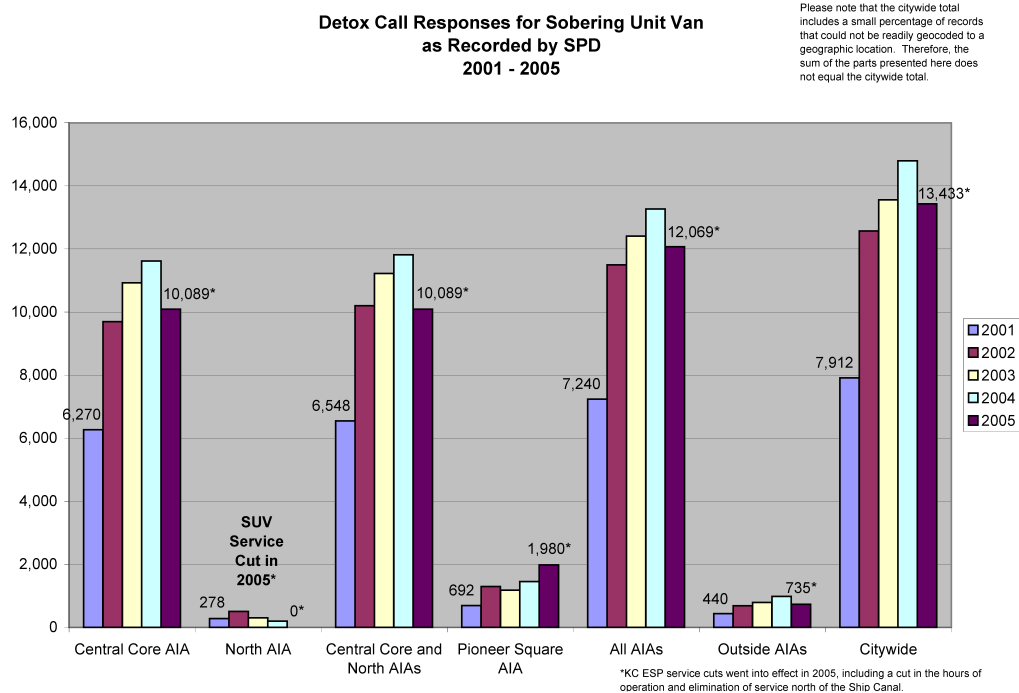
**Figure 2**

The number of calls on the SPD CAD record (unduplicated/not cancelled) in which a sobering unit van responded to take a person to a detoxification center. The responses have been on the rise steadily since 2001, with a slight dip in the trend in 2005. Note that King County Emergency Services Patrol indicates sobering unit van (SUV) services were cut in 2005; the cuts involved elimination of service north of the Ship Canal and a reduction in the daily hours of service from 24 to 20.



**Figure 3**

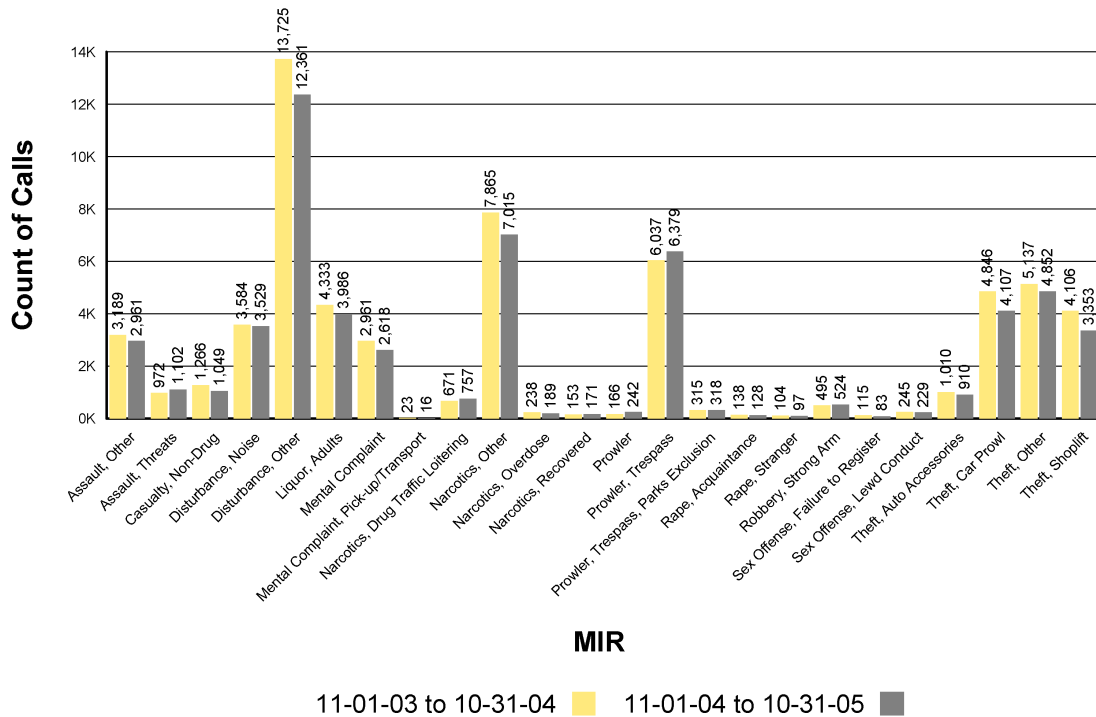
This map represents a density map of sobering unit van responses. This is the same data presented in Figure 2. The areas with darker shades represent a higher number of calls. Note that King County Emergency Services Patrol indicates sobering unit van (SUV) services were cut in 2005; the cuts involved elimination of service north of the Ship Canal and a reduction in the daily hours of service from 24 to 20. This data set has not been available until recently, but the density distribution reflected here would indicate that AIA boundaries are generally focused fairly well on areas which appear to be problematic for CPI activity.



**Figure 4**

This chart shows the same data presented in Figures 2 and 3, but here the data are broken down by year and geographic area relative to the AIA boundaries. The cut in services north of the Ship Canal in 2005 is readily apparent in the data. Outside of the North AIA, there appears to be a general trend upward for sobering unit van responses over the period of 2001 – 2004. In 2005, a slight reduction in the responses is noted. Whether this is due to decreased demand or due to service cuts (as described earlier) is difficult to say. However, clearly service cuts have some role in this dip. In Pioneer Square, the trend is a fairly steady increase from 2001 through 2005.

## All 911 Calls & On-Views in the Central AIA



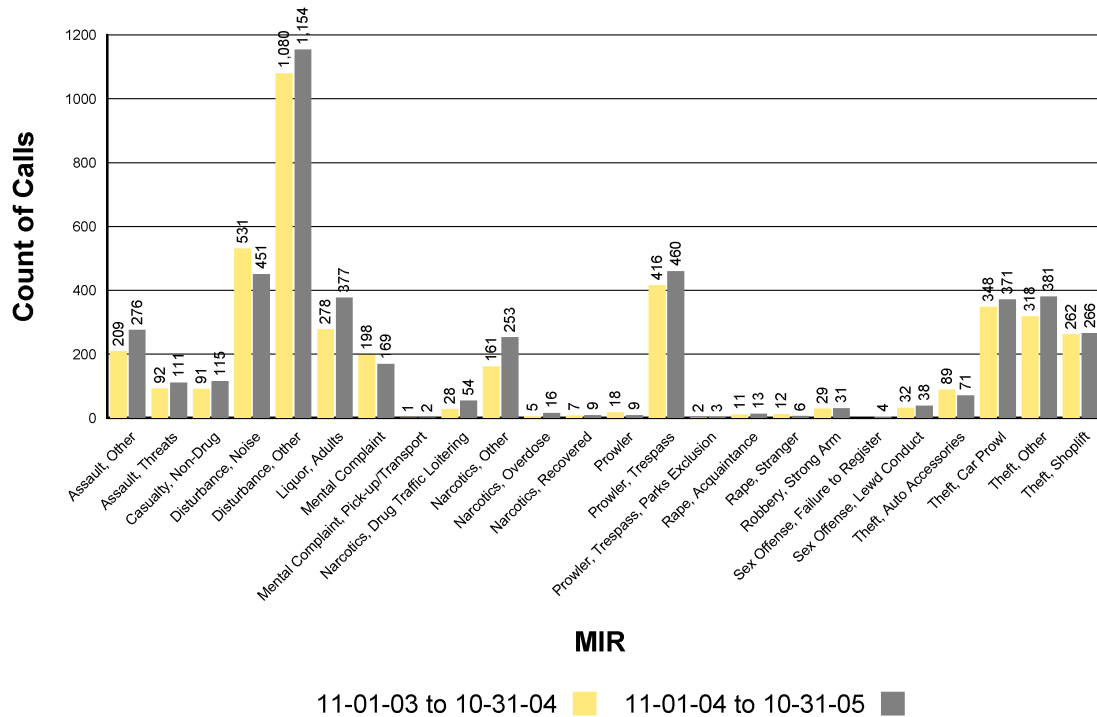
Unofficial Statistics of the Seattle Police Department- Confidential Law Enforcement Use Only  
Prepared by Det Robbin-Crime Analyst West Precinct

**Figure 5**

This chart represents the change over a two-year period in the number of calls and officer on-views within the Central Core AIA for various types of incidents. The period of comparison is 12 months before November 1, 2004 vs. 12 months after that date. In this analysis, November 1, 2004 is considered to be the effective date when the voluntary compliance effort began in the Central Core AIA. The number of disturbances of any type, and the number of alcohol-related calls/on-views, dropped from the previous period. Most types of incidents saw a reduction in the number of on-views/calls with a few exceptions (Prowler, Trespass; Narcotics, Drug Traffic Loitering, etc.)



## All 911 Calls & On-Views in the North AIA

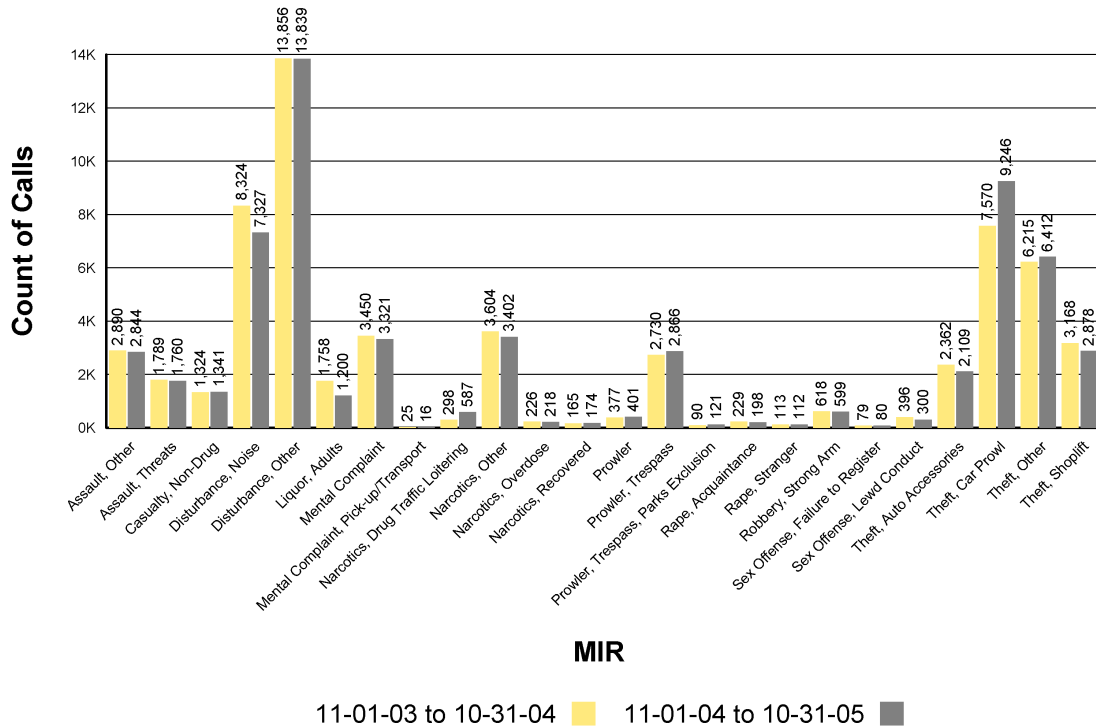


Unofficial Statistics of the Seattle Police Department- Confidential Law Enforcement Use Only  
Prepared by Det Robbin-Crime Analyst West Precinct

**Figure 6**

This chart represents the change over a two-year period in the number of calls and officer on-views within the North AIA for various types of incidents. The period of comparison is 12 months before November 1, 2004 vs. 12 months after that date. In this analysis, November 1, 2004 is considered to be the effective date when the voluntary compliance effort began in the North AIA. Unlike the case of the Central Core AIA, the North AIA saw a noticeable increase in calls and on-views – almost across the board, with some exceptions. The number of “Liquor, Adult” calls/on-views increased in the AIA.

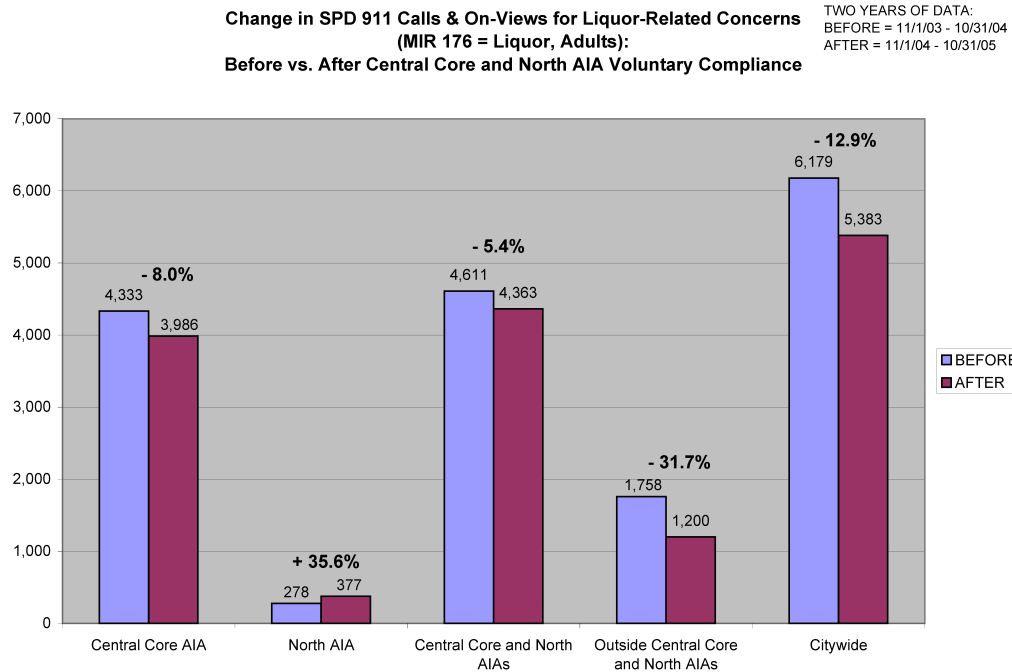
## All 911 Calls & On-Views Outside the Central Core & North AIA's



Unofficial Statistics of the Seattle Police Department- Confidential Law Enforcement Use Only  
Prepared by Det Robbin-Crime Analyst West Precinct

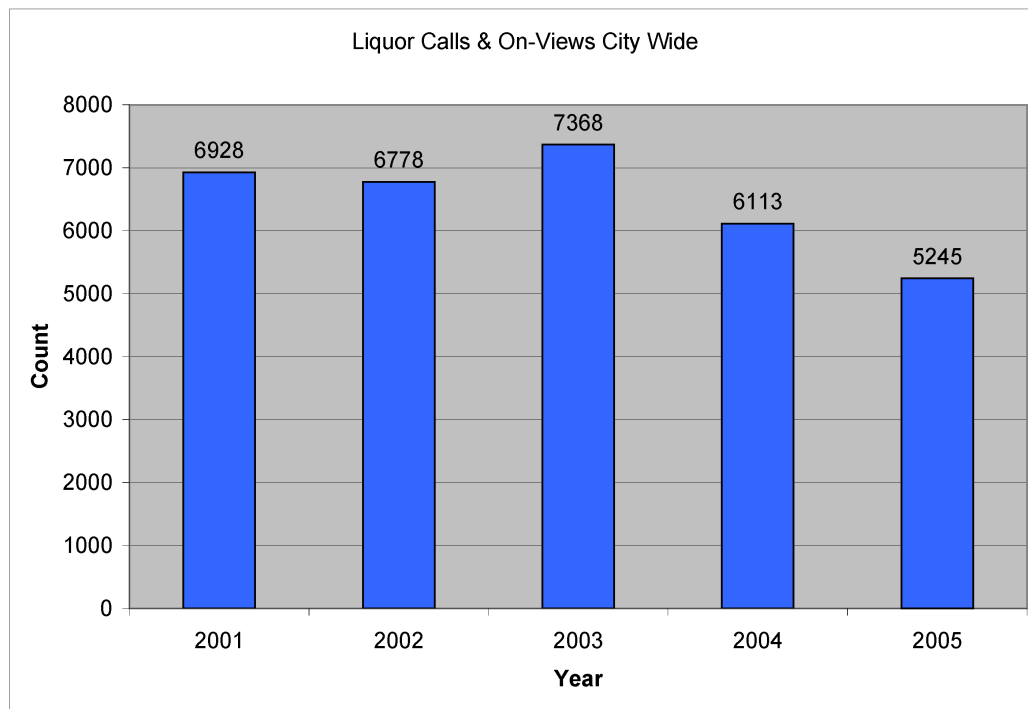
Figure 7

This chart shows similar data to that presented in Figures 5 and 6, but for the areas outside the Central Core and North AIAs. The number of calls/on-views decreased for adult liquor and noise disturbances, but generally remained largely unchanged in many call-type categories. One exception is car prowl theft, which increased significantly in its call frequency over the previous 12 months.



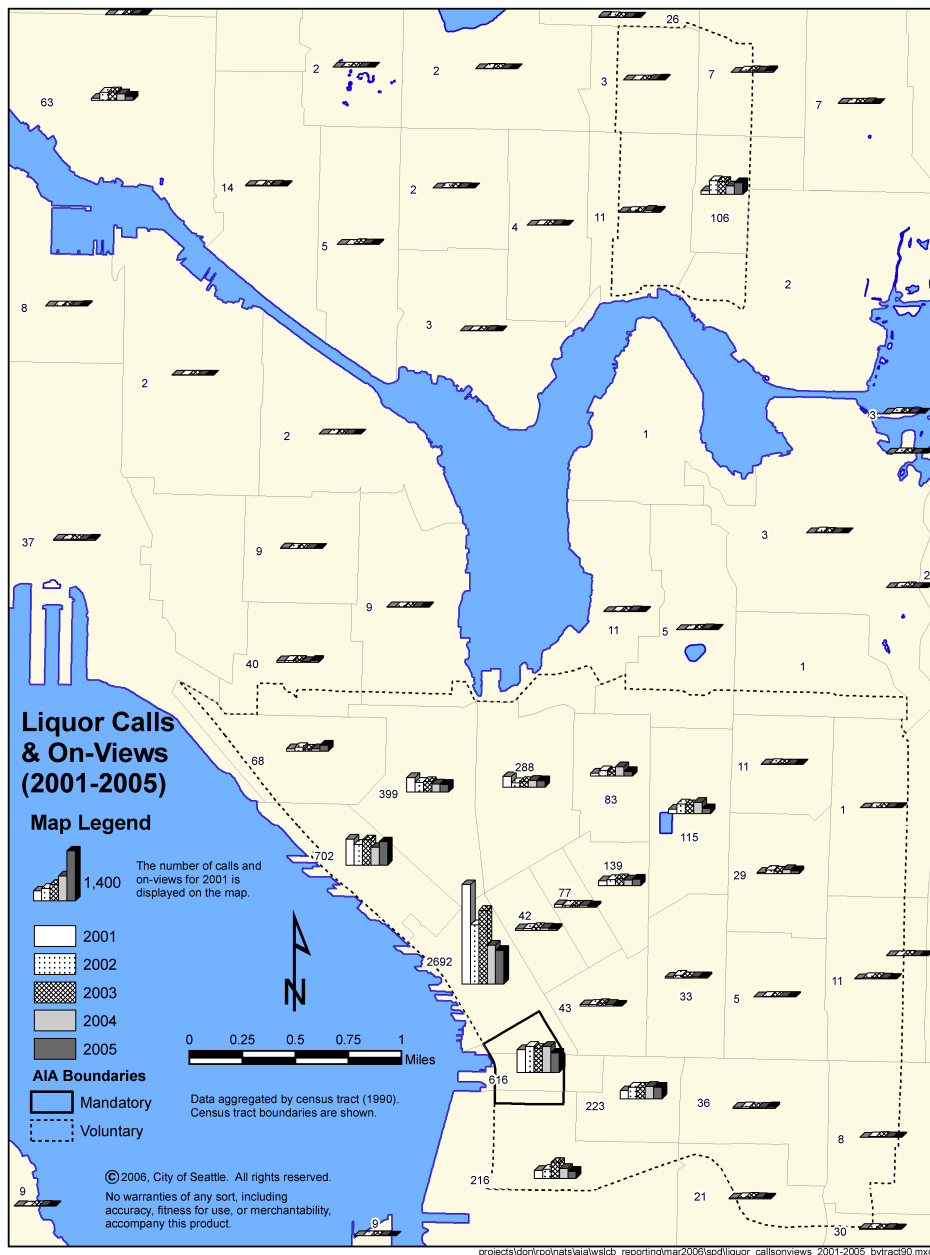
**Figure 8**

This bar chart represents the change in the number of SPD calls and officer on-views for time periods before and after voluntary compliance. It shows the change based on geographic locations relative to the designated AIAs and for the city as a whole. There was a citywide reduction in the calls and on-views of about 13 percent over the period of interest. There was a noticeable increase recorded for the North AIA and a noticeable decrease in areas outside the AIAs. A smaller decrease of about 8 percent was recorded in the Central Core AIA. (NOTE: SPD indicates that the numbers on this chart do not sum to the citywide total because there is double-counting of some data that falls along the Central Core and North AIA boundaries. In other words, records that are located directly on a boundary as far as the data analysis is concerned may be counted as “inside an AIA” and “outside an AIA.” The percentage of cases in which this is an issue is relatively small.)



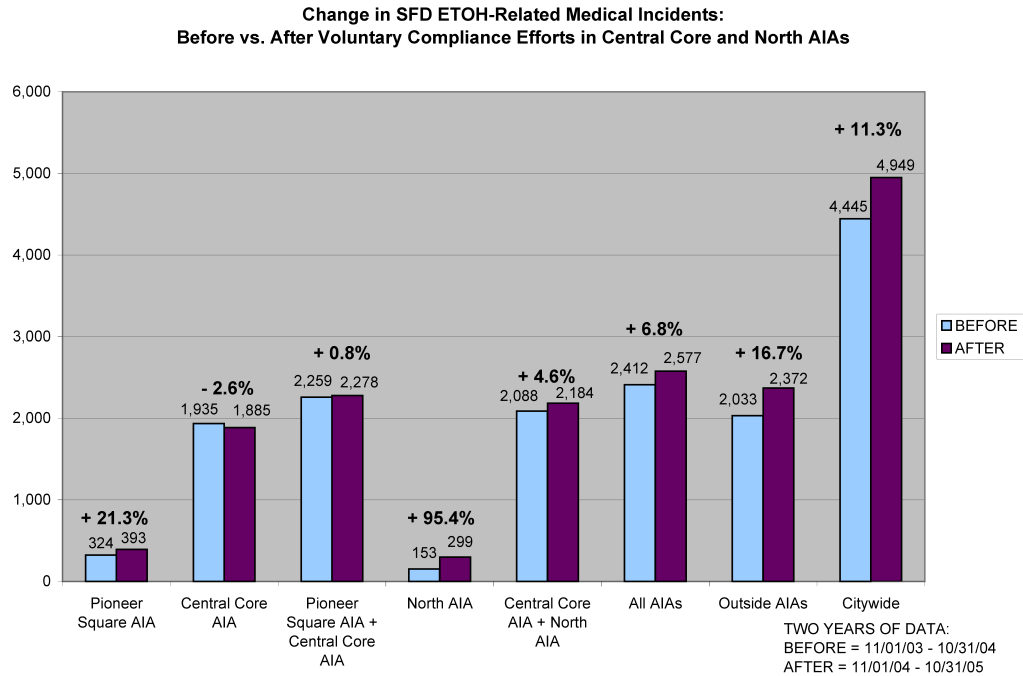
**Figure 9**

Generally speaking, except for 2003, there appears to be a downward trend in SPD calls for service and officer on-views related to alcohol. However, this may be due, in part, to changes over time in police enforcement or other factors that are not related to conditions on the street.



**Figure 10**

This map shows the change in the number of calls and officer on-views for adult liquor issues based on SPD CAD data for 2001 through 2005. The data are aggregated and presented by 1990 census tract because that is coded in the SPD CAD data. This map provides a representation of geographic change over time. The number shown on the map in each census tract is the number of calls/on-views recorded in the CAD database for 2001. So, for example, this map shows a drop in calls/on-views in the heart of downtown and increases in calls during the period around the Chinatown-International District and the University District.



**Figure 11**

This chart shows the change in ETOH-related medical incidents based on data from SFD. The change is based on two years of data available for this analysis (one year of data for the period before voluntary compliance efforts were initiated and one year of data for the period after voluntary compliance started). For the purposes of this analysis, voluntary compliance was considered to be effective on November 1, 2004. There was an increase in ETOH incidents citywide of about 11 percent. In general, we see an increased number of incidents across the board, with the exception of a slight decrease in the Central Core AIA.

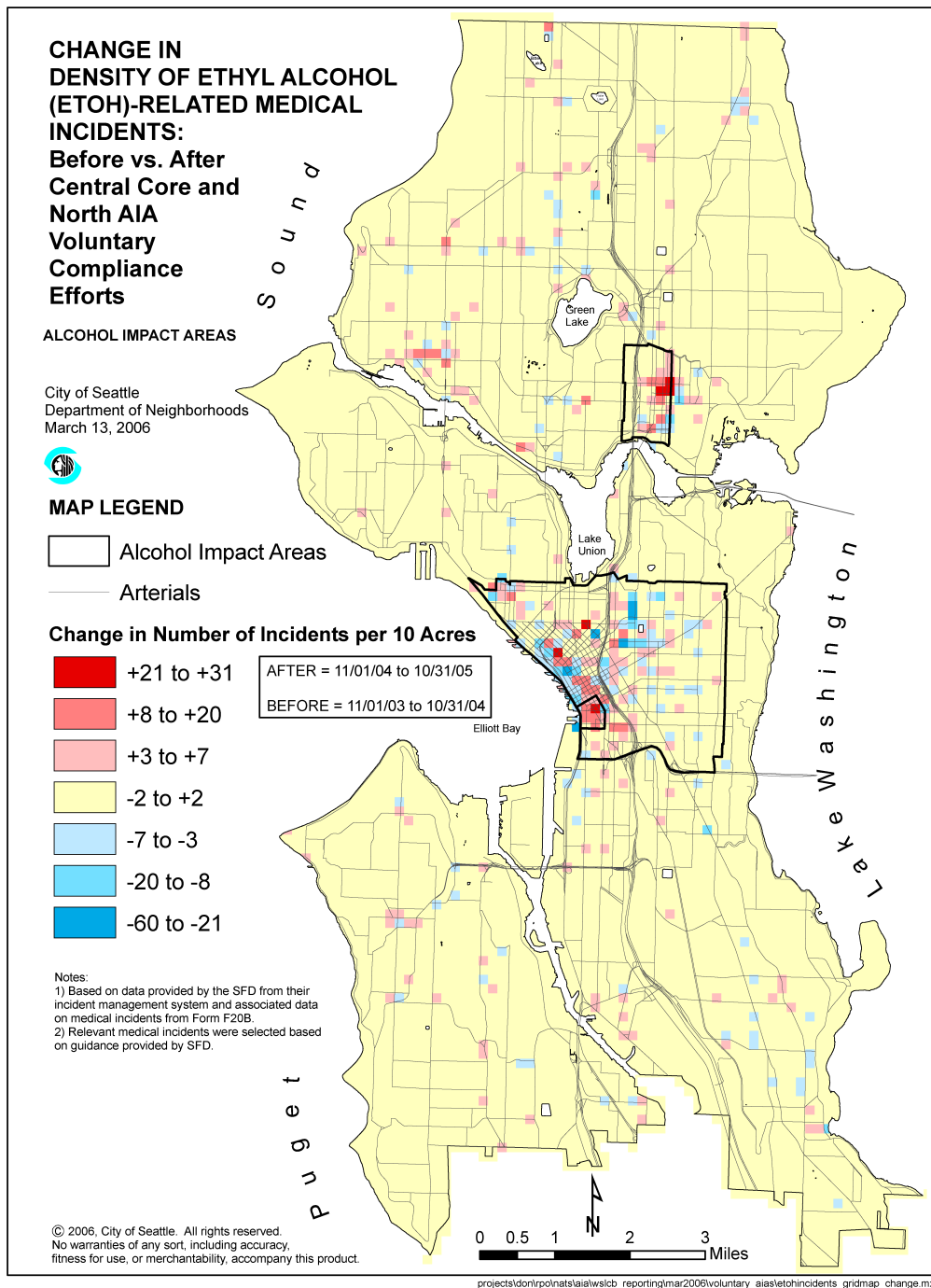
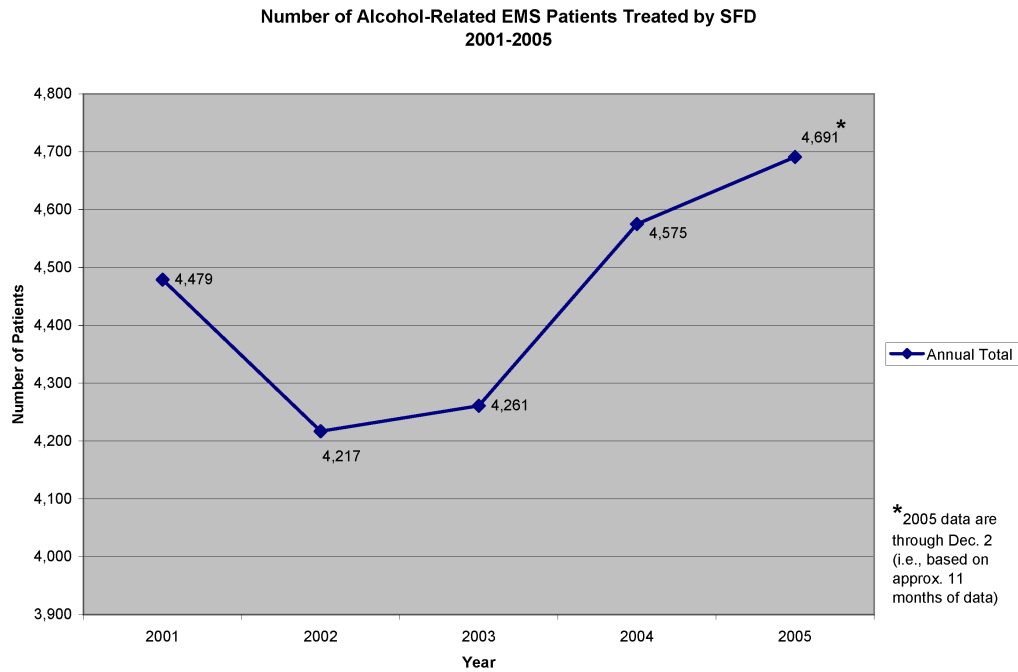


Figure 12

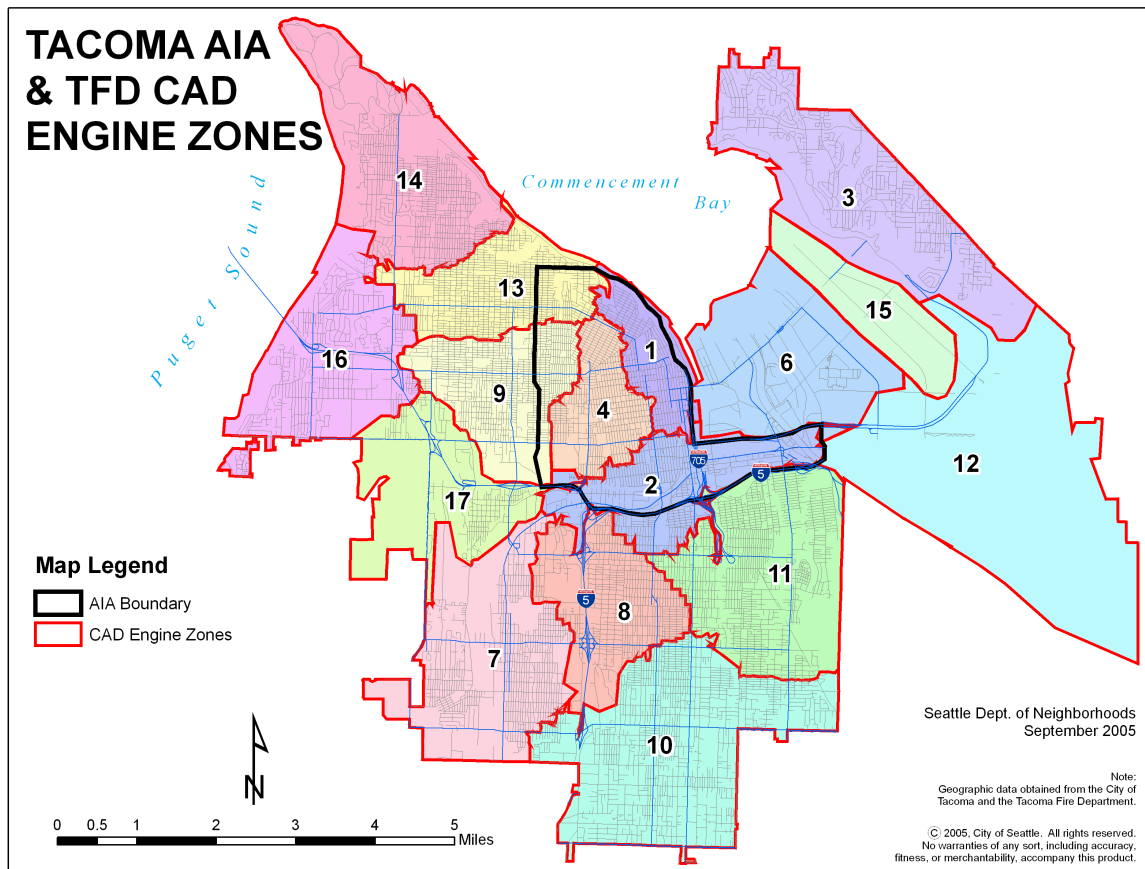
This map shows the change in the density of ethyl alcohol-related medical incidents when one year of data after the voluntary compliance effort was initiated is compared to one year of data before. Areas in dark red (darkest shade) have the highest increases in the number of incidents. This is based on the same data used to generate the bar chart in Figure 11. However, this shows a more refined view of the change in the geographic distribution of alcohol-related medical incidents. Each grid cell is approximately ten acres in size.



**Figure 13**

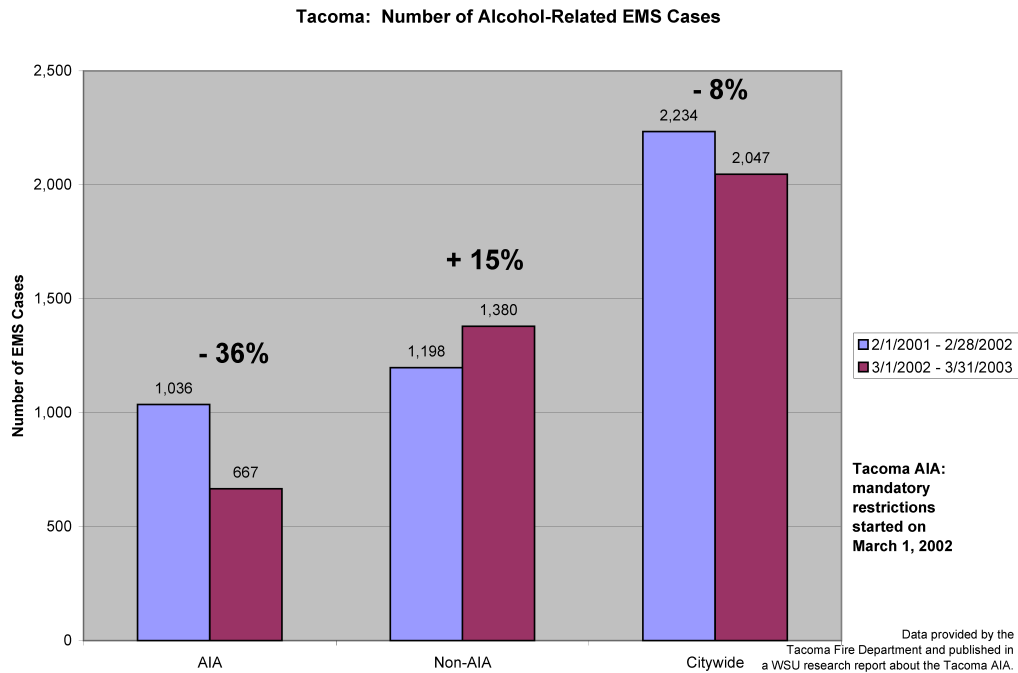
The number of patients treated for alcohol-related matters by SFD appears to have decreased from 2001 to 2002. Thereafter, there has been a general increase in patients from 2003 to 2005. (The last data point includes data through Dec. 2, 2005 so the annual total will be even higher than the number reported here.)





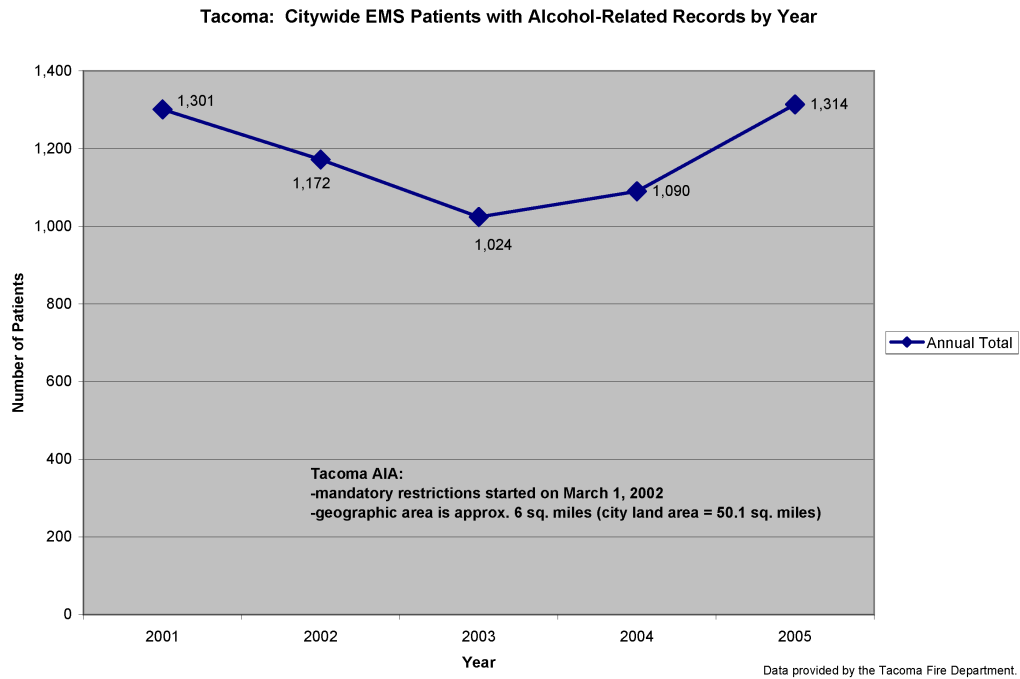
**Figure 14**

The boundaries of the Tacoma AIA are shown on this map. The geographic area is approximately six square miles in size and includes downtown Tacoma. The Tacoma Fire Department CAD (Dispatch) engine zones are shown on this map as well. The Tacoma AIA includes essentially all of engine zones 1 and 4, more than half of engine zone 2, and parts of engine zones 9 and 13.



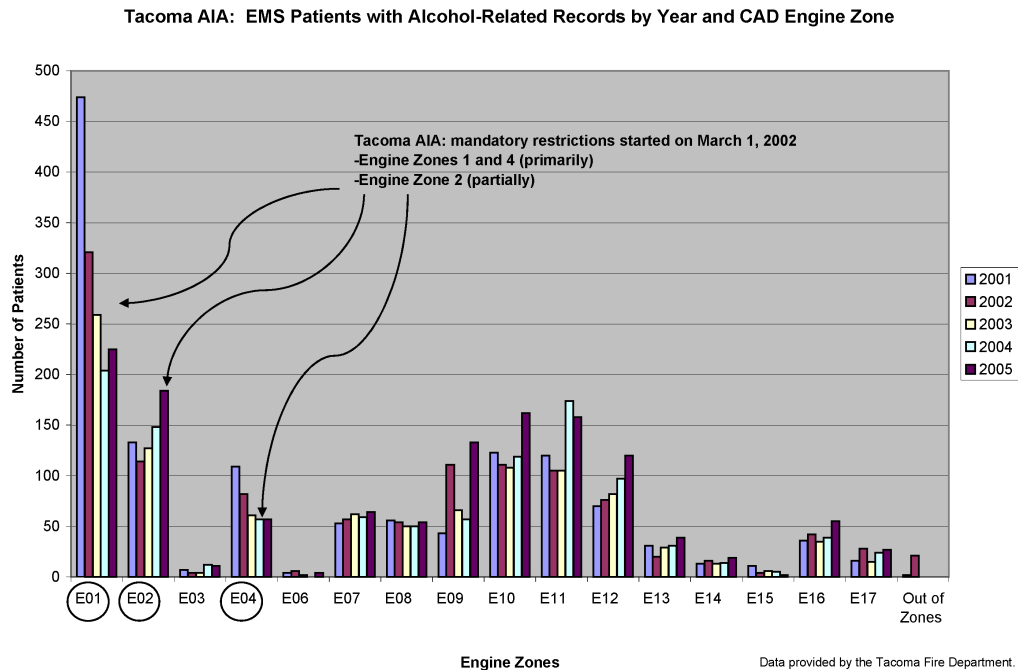
**Figure 15**

This chart shows the change in the number of alcohol-related EMS cases in Tacoma after the AIA was implemented. The data were provided by the Tacoma Fire Department to a researcher from Washington State University who performed an evaluation of the AIA outcomes for the WSLCB. There was a significant reduction in alcohol cases within the AIA after implementation of mandatory restrictions. A lesser increase was noticed in other areas of the city. Overall, citywide, there was roughly an 8% reduction in alcohol-related cases. Only about one year of data after mandatory restrictions were implemented was available at the time of this analysis by WSU (13-months of data before restrictions vs. 13-months of data after restrictions).



**Figure 16**

This chart shows the citywide trend in Tacoma of the total number of EMS patients treated for alcohol-related issues over a five-year period. (Note: these numbers are not comparable to the data in the previous figure because: a) the WSU report used 13 months of data; and b) the data in this chart does not include incidents at private residences, farms, industrial places, recreational/sports facilities, and residential institutions.) There was a downward trend in the number of alcohol-related patients over the two years after 2001 and only a slight increase in 2004. The 2005 level has now slightly exceeded the level of 2001. The mandatory restrictions of the Tacoma AIA were implemented in March 2002.



**Figure 17**

This chart presents the same data on alcohol-related EMS cases used in Figure 16, but with the data broken down by geographic sub-area (TFD CAD engine zones). Engine zones 1 and 4 are essentially completely contained, geographically, by the Tacoma AIA where mandatory restrictions were put in place in March 2002. Significant reductions in the number of cases are noted in these engine zones over the five-year period of the data.

<b>TACOMA</b>	<b>SEATTLE</b>
<b>Tools:</b> Mandatory Restrictions (Tacoma AIA) <ul style="list-style-type: none"> <li>Banned Product List (beer and wine)</li> </ul>	<b>Tools:</b> a) Mandatory Restrictions (Pioneer Square AIA) <ul style="list-style-type: none"> <li>Time-of-Day Restrictions</li> <li>Product Packaging-Based Restrictions</li> <li>Limited Banned Product List (wine)</li> </ul> b) Voluntary Compliance (Central Core and North AIAs) <ul style="list-style-type: none"> <li>Product List (beer and wine)</li> </ul>
<b>Off-Premises Licensees in AIA (circa June 2003):</b> Approximately 55	<b>Off-Premises Licensees in all AIAs (circa August 2004):</b> Approximately 230
<b>Geographic Area:</b> Tacoma AIA ~ 6 square miles  City ~ 50.1 square miles	<b>Geographic Area:</b> Pioneer Square AIA ~ 0.12 square miles North AIA ~ 0.78 square miles Central Core AIA ~ 5.71 square miles All AIAs ~ 6.6 square miles  City ~ 83.1 square miles
<b>Outcome:</b> Demonstrated to be Successful	<b>Outcome:</b> Ineffective

Table 1

This table presents a comparison of the Tacoma and Seattle AIAs on various elements, as well as the perceived outcomes to date based on qualitative and quantitative information available. The information on the number of licensees was current at the time of reporting, as noted.



**APPENDIX A**  
**REPORT ON THE FINAL EVALUATION**  
**OF THE PIONEER SQUARE AIA**







# City of Seattle

Gregory J. Nickels, Mayor

Department of Neighborhoods  
*Connecting people, communities, and government*

Bernie Matsuno, Acting Director

April 20, 2006

## **Final Evaluation of the Pioneer Square Alcohol Impact Area (AIA)**

City of Seattle  
Department of Neighborhoods  
and the  
Seattle Police Department  
with assistance from the  
Seattle Fire Department

Prepared for the  
Washington State Liquor Control Board

Merritt Long, Chair  
Vera Ing  
Roger Hoen

For more information contact:  
Scott Minnix: (206) 684-0270 or [scott.minnix@seattle.gov](mailto:scott.minnix@seattle.gov)



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## INTRODUCTION

On July 23, 2003, the Washington State Liquor Control Board (WSLCB) approved the City of Seattle's request for an Alcohol Impact Area (AIA) for the Pioneer Square neighborhood. Mandatory restrictions on hours of sale, single cans or bottles, and certain products, began on **September 15, 2003**.

- No off-premises alcohol sales between 6 a.m. and 9 a.m.;
- No off-premises sales of beer products by the single can or bottle;
- All flavors and container sizes of the following wine products:
  - Cisco
  - Gino's Premium Blend
  - MD 20/20
  - Night Train Express
  - Richard's Wild Irish Rose
  - Thunderbird

The WSLCB resolution of July 2003 requires the City of Seattle to "submit bi-annual reports containing statistical and other information showing how the restrictions imposed herein have mitigated the negative impacts of problems associated with chronic public inebriation in the recognized Alcohol Impact Area." This report relies heavily on statistical information from the Seattle Police Department (SPD) and the Seattle Fire Department (SFD), as well as qualitative information gathered from businesses, residents, and social service providers.

## BACKGROUND - THE CPI ISSUE

In 1997, County Executive Ron Sims convened the Chronic Public Inebriate Systems Solutions Committee. The Committee developed a comprehensive, collaborative strategy to provide practical solutions to the problems associated with chronic public inebriety. This comprehensive strategy includes improvements in treatment, housing, and employment counseling as well as decreased availability of alcohol products shown to contribute to problems of chronic public inebriety. Since 1997, the Chronic Public Inebriate (CPI) Systems Solutions Committee and activists from Pioneer Square and other neighborhoods have achieved many goals, including the following:

- Implementation of a joint City/County housing plan for special populations;
- Opening of the 60-bed Dutch Shisler Sobering Center;

- Establishment of the Crisis Triage Unit at Harborview Medical Center;
- Creation of systems integration activities between mental health and chemical dependency services;
- Opening of the 1811 Eastlake Project (75-bed pre-recovery housing for chronic public inebriates) in late 2005 (developed and operated by the Downtown Emergency Service Center);
- Support of the creation of a Mental Health Crisis Intervention Team (CIT) within the Seattle Police Department;
- Emergency Services Patrol and sobering services; and,
- The City of Seattle is currently planning a multi-million dollar downtown service center for the homeless to access a variety of services. The service center will be located in the Morrison Hotel.

In 1998, after holding public hearings, the King County Board of Health by resolution declared chronic public inebriety to be a public health problem of the highest order. The Health Board requested that the Washington State Liquor Control Board enact rules to reduce the availability of alcohol products to persons with chronic public inebriety within geographically specified alcohol impact zones.

The Washington State Liquor Control Board granted the City of Seattle's request for an Alcohol Impact Area (AIA) in Pioneer Square on July 23, 2003. Mandatory restrictions began September 15, 2003 within this designated AIA.

Additionally, the City of Seattle is currently engaged in a voluntary compliance effort in two larger alcohol impact areas (the Central Core and North AIAs). The six-month voluntary compliance period for the larger areas began in late October 2004. A separate report to the WSLCB will provide an evaluation of the outcomes from that effort.

## **DATA ANALYSIS AND EVALUATION**

This report generally focuses on the same data sets used in the application for the AIA status for Pioneer Square. An equal period of data before and after implementation was used in the analysis to account for seasonal issues. The periods of interest are September 15, 2001 to September 14, 2003 (before mandatory restrictions in the Pioneer Square AIA) vs. September 15, 2003 to September 14, 2005 (after mandatory restrictions).

For the Pioneer Square AIA and the city as a whole, the number of drinking in public (adult liquor) and disturbance calls to SPD and officer on-views (officer-initiated calls) went down in the two years following designation of mandatory restrictions in the Pioneer Square AIA (see Attachments 1a and 1b). The drop in liquor-related calls/on-views is noticeable citywide, but it is particularly dramatic for the Pioneer Square AIA. Most tallies of calls/on-views for other categories showed little change or exhibited a slight increase or decrease, with some exceptions. Narcotics-related matters appeared to increase over the period and SPD does note some potential connections there to CPIs and transient populations, who are sometimes used by the dealers (and, in fact, the City has created a new enforcement initiative to deal with narcotics-related concerns in Seattle). For Pioneer Square, there was a large increase in assaults (Assault, Other) and prowler activity (Prowler, Trespass), while the number of theft-related activity appears to have decreased. Similar trends are apparent for the city as a whole (although some types of theft-related activity, like shoplifting and car prowling, appear to have increased citywide). While these data are useful, unfortunately the data are affected by enforcement prioritization and activities of the SPD, as well as other factors.

For the drinking in public (adult liquor) call/on-view category, Attachment 2 shows the change from before vs. after mandatory restrictions. While the citywide volume went from approximately 14,700 calls/on-views in the previous two-year period to about 11,800 calls/on-views in the later two-year period (post-mandatory restrictions in Pioneer Square), approximately a 20% reduction in volume, the percentage change in volume within the Pioneer Square AIA reflects an even larger decrease in volume there (approximately a 44% reduction). This is a greater reduction in an area that is widely acknowledged as a persistent “hot spot” for chronic public inebriation (CPI). While this reflects a citywide and localized (Pioneer Square) reduction in the volume of calls/on-views based on the available SPD data and data analysis, a word of caution regarding interpretation must be acknowledged. There is some anecdotal evidence that SPD may have changed the enforcement priority of alcohol-related incidents during this four-year period and that could, in part, be related to reduced volumes of “activity” shown here.

A review of ethyl alcohol-related (ETOH) medical incidents based on data from the SFD shows an increase in the number of incidents citywide (approximately 13%), as well as a larger increase on a percentage basis (30%) within the Pioneer Square AIA (see Attachment 3). The percentage change within the Pioneer Square AIA (30%) is larger than the percentage change in all areas

outside the Pioneer Square AIA (12%). This could indicate a rebound of CPI-related activity in parts of the Pioneer Square AIA. However, as a caveat, ETOH-related incidents are not exclusively limited to CPIs so other factors may be involved as well.

Some additional analyses to look at the geographic distribution of change were performed with the four years of data. Attachment 4 shows the results of this analysis. Using a grid of cells, each 10 acres in size ( $\frac{1}{8}$  mi. x  $\frac{1}{8}$  mi.), the analysis here shows the change in the number of ETOH-related incidents within each grid cell (comparing two years of data before mandatory restrictions in the Pioneer Square AIA to two years data afterward). There appears to be a large decrease in the number of incidents near the core of the Pioneer Square AIA (northeast quadrant of the AIA, near 2<sup>nd</sup>/3<sup>rd</sup> Avenues and Yesler Way) following the implementation of mandatory restrictions. Similarly, large increases in incidents can be seen in other parts of the Pioneer Square AIA and along its perimeter (the largest increase in any 10-acre grid cell for the city as a whole occurred just to the southwest of the Pioneer Square AIA in the vicinity of Alaskan Way S and S Jackson St and areas to the southwest toward the waterfront). So, despite significantly decreased volumes in part of the AIA, the overall change in the AIA is an increase in activity (per Attachment 3). Attachment 4 also shows increased localized volumes in parts of downtown Seattle, in parts of Capitol Hill, in parts of Denny Triangle, areas within the University District, and in the area just to the southeast of the existing Pioneer Square AIA (Chinatown-International District). In terms of large reductions, beyond 2<sup>nd</sup>/3<sup>rd</sup> Avenues and Yesler Way, other areas with noticeable reductions include: parts of Belltown, parts of Denny Triangle (near Boren Avenue and Stewart/Howell Streets), and a large area on Capitol Hill in the vicinity of Seattle Central Community College and Cal Anderson Park. The Pioneer Square AIA has a tremendous amount of localized change (+/-) within its small area and vicinity, and the area continues to have a large share of ETOH-related incidents despite its small size.

Like with the SPD data, the SFD data could be affected by confounding factors. In the case of ETOH data such issues like development-related activities (demolition/construction), business-related activity (opening/closing of establishments), etc., can have an influence on data trends.

Despite the implementation of mandatory restrictions in the Pioneer Square AIA, a geographic-based review of the SPD and SFD data shows that Pioneer Square continues to be a “hot spot” for alcohol-related activity. The most recent

data appears to show “hot spots” in similar locations as reflected in Attachments 5, 6, and 7 for previous years.

Attachments 8a and 8b show trends for citywide volumes related to the SPD and SFD data. Attachment 8a shows a general downward trend in liquor-related calls/on-views for the period 2001 to 2005 (with the exception of 2003). For ETOH-related EMS patients as reported by SFD, the trend is generally in the other direction over the same period (see Attachment 8b). However, it should be noted that both measures track in a similar direction from 2001 to 2003. One might speculate that Sept. 11, 2001 could be a factor here in terms of resource capacity and issue prioritization. In terms of the diverging trends in these measures for the period from 2003 to 2005, one might speculate that enforcement prioritization by SPD could have a role in the trending for both measures.

From a qualitative/anecdotal perspective, comments from business owners and residents at the outset of implementation of mandatory restrictions in Pioneer Square indicated the general livability of the neighborhood had improved to some degree. Now, however, based on recent discussions, a number of individuals believe that the AIA has not been as effective as they would have hoped. These discussions show that at least some individuals suggest mandatory restrictions with a banned products list and a larger geographic area would be more effective.

## **GENERAL CONCLUSIONS**

Initially, after the six-month evaluation, it appeared that the mandatory restrictions associated with the Pioneer Square AIA may have had some contributing effect toward decreasing the impact of chronic public inebriation on this neighborhood. At this point, however, it would appear the results are mixed, at best. Business owners and residents are generally supportive of this strategy for intervention thus far. There are no calls to return to the way things were prior to implementation of the AIA. However, while some “improvements” are seen based on the trends in the SPD data shown in this report, we appear to see an increase in alcohol-related medical incidents in the available SFD data.

Given that the SPD data on calls-for-service and officer on-views is impacted by a variety of factors, including the enforcement policy and activities of the department and neighborhood changes that might affect patterns of reporting by

citizens, among other things, the City believes the SFD data may be more indicative of the change after mandatory restrictions were put into place.

As noted in the Washington State University report from June 2003 (Evaluation of the Tacoma, Washington, Alcohol Impact Area) prepared by the Social & Economic Sciences Research Center, the prospect of assigning “cause-and-effect” characteristics to change is challenging in social action and public policy research due to the many complex factors which must be considered in the interpretation of data. Therefore, a qualitative and quantitative approach to evaluation is used here to review whether the data seem to make sense and to explore possible explanations for the patterns.

The results here cannot be considered to be conclusive evidence that the Pioneer Square AIA has been a resounding success. While trends in the qualitative and quantitative data are mixed, it appears the Pioneer Square AIA may not be as successful as an agency would hope. While the ban on single sales has been helpful, we continue to believe that the banned product list would be a helpful tool as we move forward. The Tacoma study clearly demonstrated the efficacy of this approach.

Additionally, we think the small geographic size of the Pioneer Square AIA (about one-tenth of a square mile in size) has caused this tool to be less effective than it otherwise could be. It is relatively easy for a person to leave the area in order to purchase alcohol products of choice and then return to familiar territory. Our change map of ethyl-alcohol related medical incidents in this report may be evidence of this kind of behavior in, and around, the Pioneer Square AIA. As we will show in a separate evaluation report of overall AIA-related efforts in Seattle, the Tacoma AIA shows signs of being successful. The Tacoma AIA, at approximately six square miles in size, is much larger than the Pioneer Square AIA.

We are generally not pleased with the results in Pioneer Square and look forward to working with the community and the WSLCB to improve how this tool is used in our city. The voluntary compliance effort in the adjacent Central Core AIA, as well as within the North AIA in the University District, has been underway for more than a year (see Attachments 9-11 for a record of the boundary adoption process and the current AIA boundaries for Seattle). As directed by the Seattle City Council and the Mayor (Ordinance 121999; passed on December 12, 2005 and signed by the Mayor on December 15, 2005), the City will work with the community and the WSLCB to see if mandatory



restrictions of some type can be extended to a wider geographic area in order to make this tool more effective. (See the aforementioned separate report of the evaluation of the voluntary compliance phase for the Central Core and North AIAs.)

## **DATA DEFINITIONS**

### **ETOH Medical Incidents (SFD):**

Ethyl alcohol (ETOH) incidents as reported on SFD's F20b Medical Incident Report form. We are using guidance from SFD for identification of ETOH incidents. The incidents identified include the following mechanisms: alcohol intoxication or drug (includes combined drug/alcohol mechanism). Shows the number of incidents in which engine units, aid units, and medic units responded.

### **Person Down/Calls for Service (SPD):**

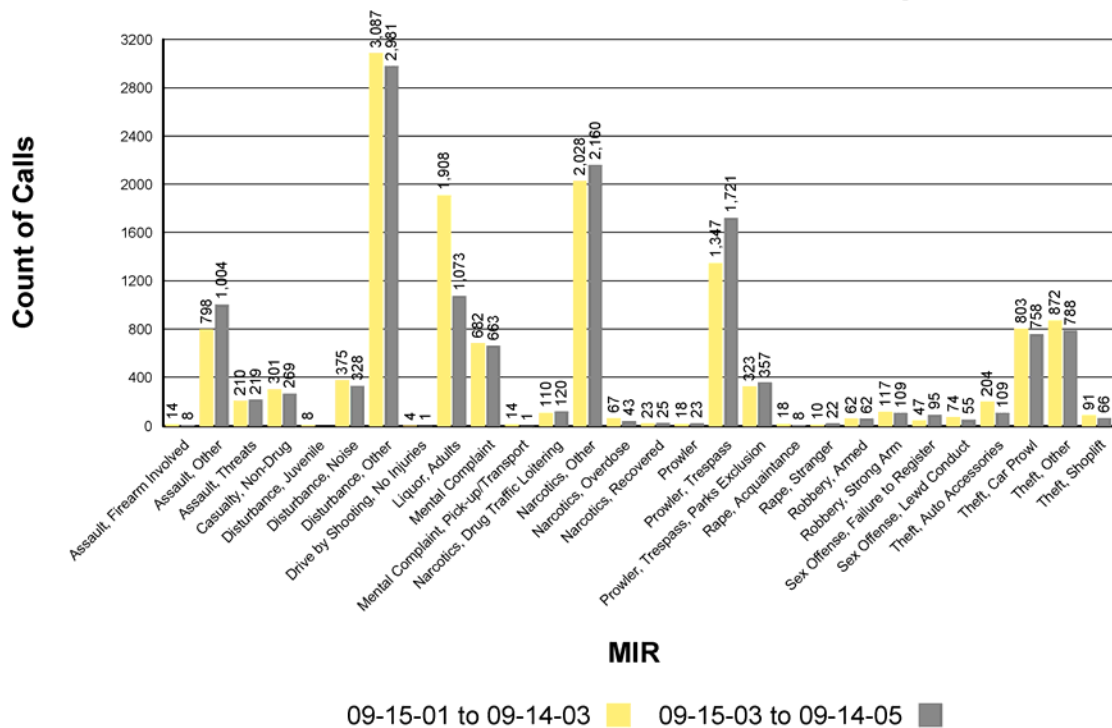
Miscellaneous Incident Report (MIR) = 330 (Casualty, Non-drug-related; sick, DOA) and not a crime/traffic casualty.

Miscellaneous Incident Report (MIR) = 185 (Casualty, Drug-related; overdose, other) and not a crime/traffic casualty.

### **Drinking in Public (SPD):**

Miscellaneous Incident Report (MIR) = 176 (Liquor Violations: Adult); does not include liquor violations by minors, which is identified by a separate MIR code.

## All Calls & On-Views in the Pioneer Sq AIA

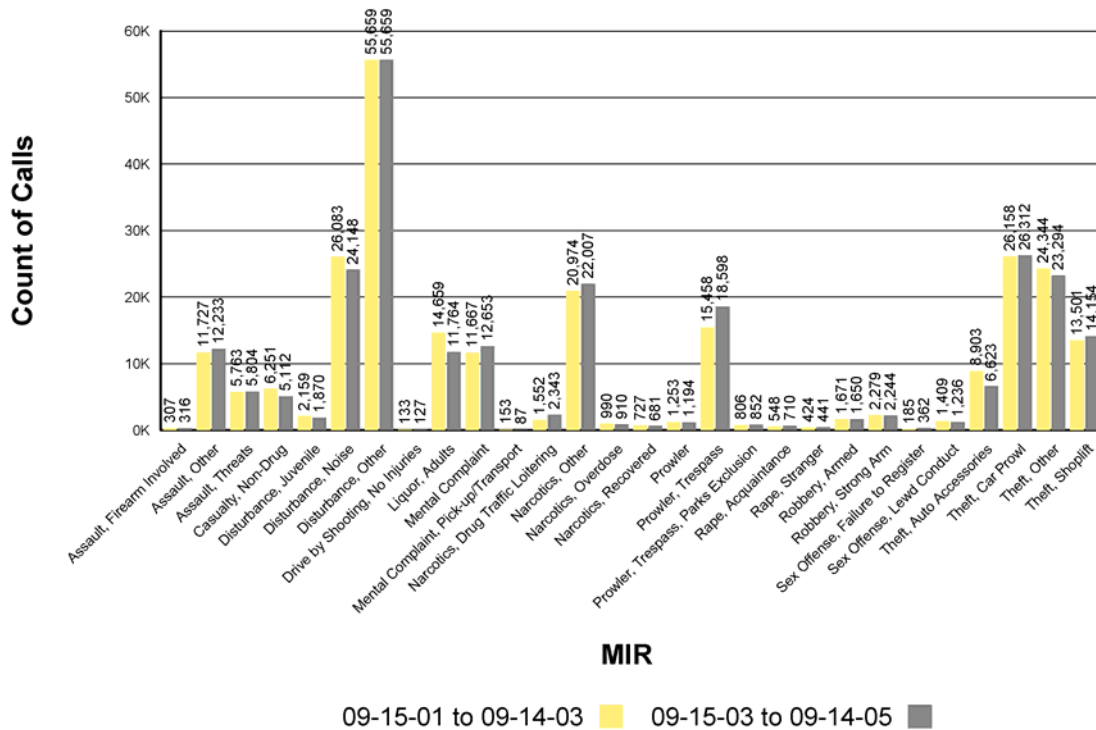


Unofficial Statistics of the Seattle Police Department- Confidential Law Enforcement Use Only  
Prepared by Det Robbin-Crime Analyst West Precinct

### Attachment 1a

The number of calls and officer on-views in Pioneer Square for disturbances and liquor (Liquor, Adults - drinking in public) violations is lower in the two years following implementation of the Pioneer Square AIA. Narcotics-related calls are up slightly.

## All 911 Calls & On-Views Citywide



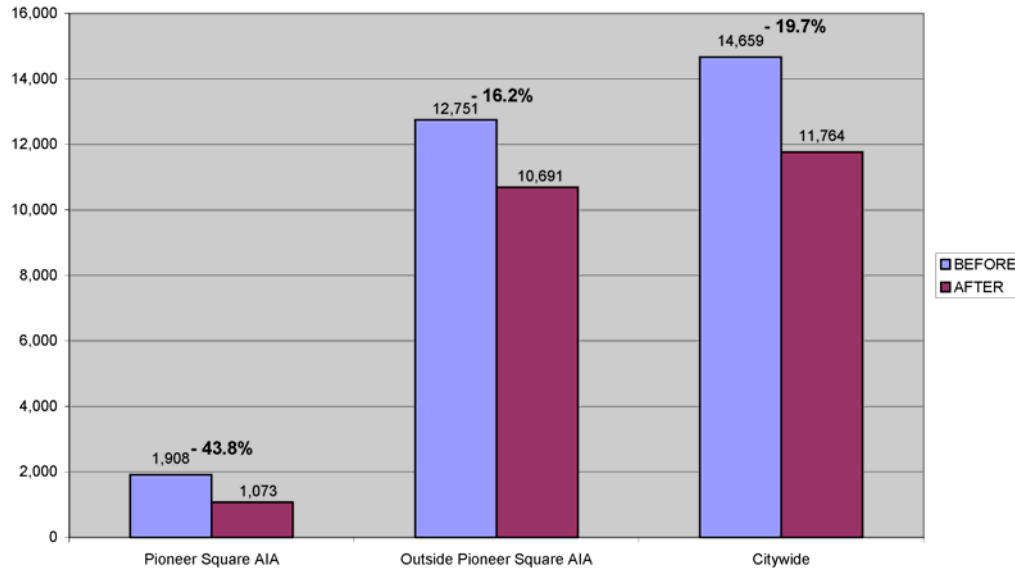
Unofficial Statistics of the Seattle Police Department- Confidential Law Enforcement Use Only  
Prepared by Det Robbin-Crime Analyst West Precinct

### Attachment 1b

The number of calls and officer on-views citywide for disturbances and liquor (Liquor, Adults - drinking in public) violations is lower in the two years following implementation of the Pioneer Square AIA (for disturbance-related calls, both Disturbance-Noise and Disturbance-Other are considered here). Narcotics-related calls are up slightly.

**Change in SPD 911 Calls & On-Views for Liquor-Related Concerns  
(MIR 176 = Liquor, Adults):  
Before vs. After Pioneer Square AIA Mandatory Restrictions**

FOUR YEARS OF DATA:  
BEFORE = 9/15/01 - 9/14/03  
AFTER = 9/15/03 - 9/14/05

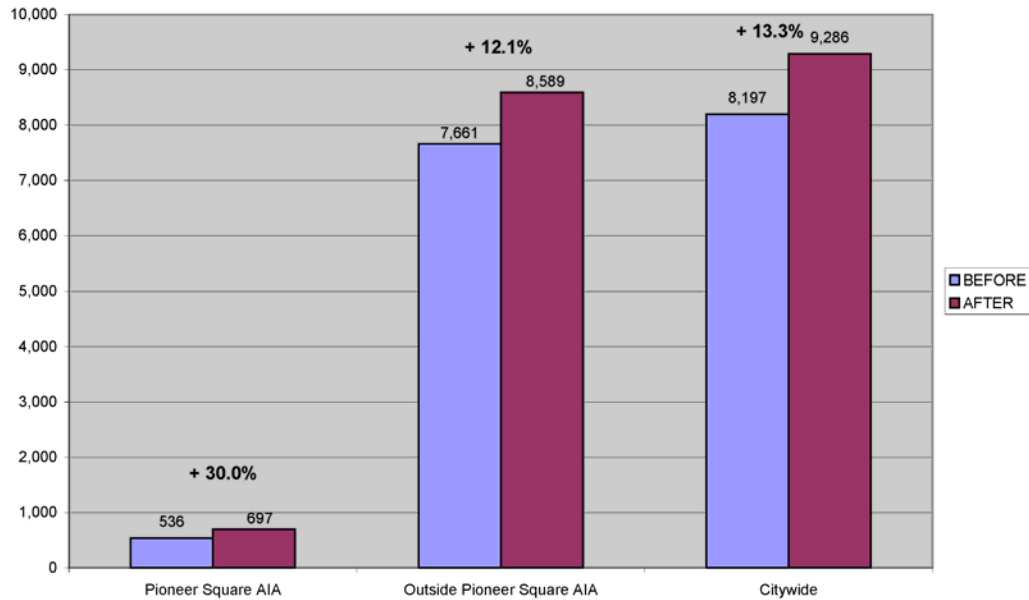


## Attachment 2

Citywide liquor-related (drinking in public) calls for service and officer on-views have dropped in the two years after the mandatory restrictions in the Pioneer Square AIA have been put into place. The largest drop on a percentage basis occurred in the Pioneer Square AIA (approximately a 44% reduction). The reduction in calls and on-views citywide was almost 20%. This reduction may be related, at least in part, to changes in SPD enforcement priorities over this period.

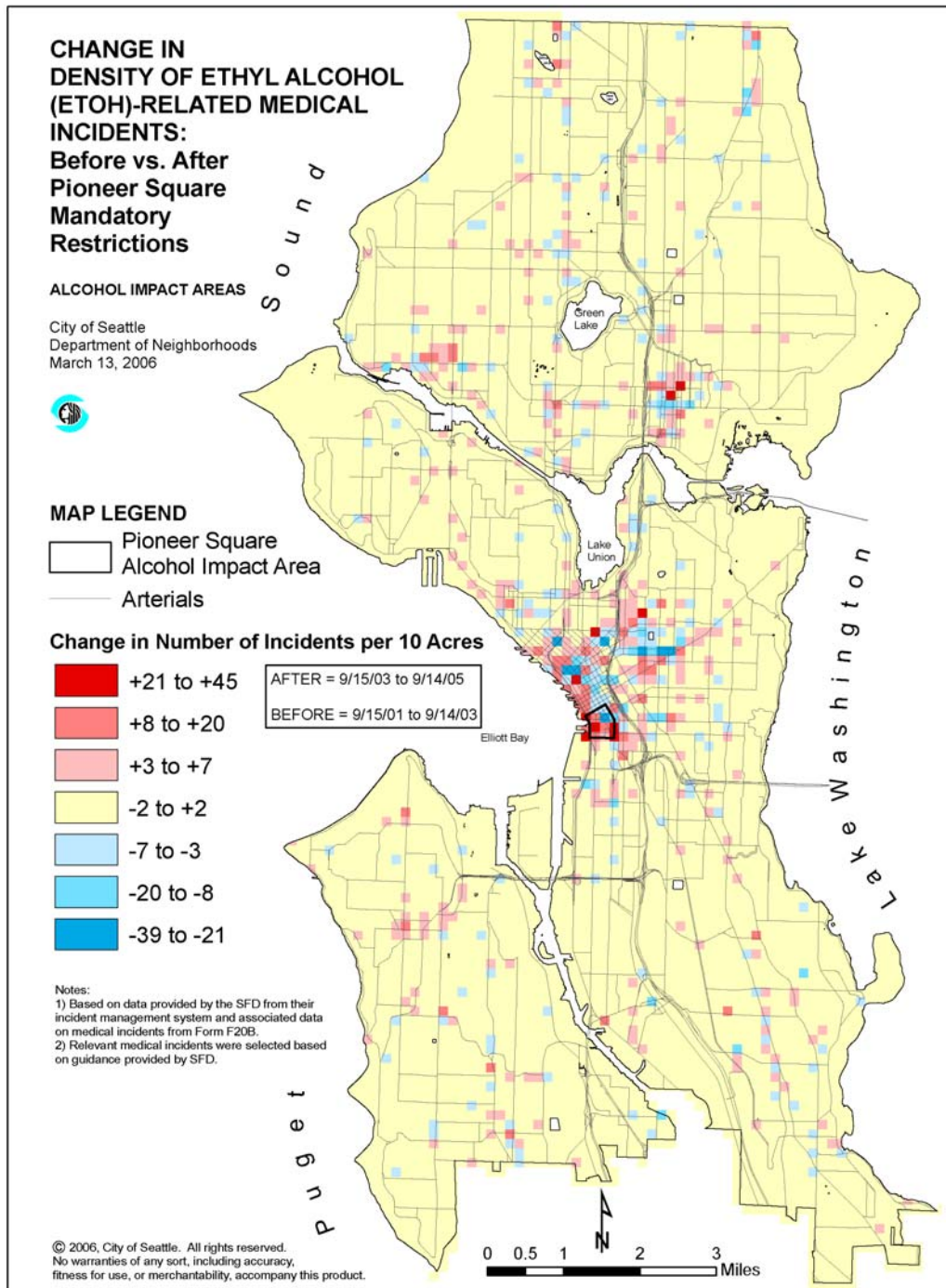
**Change in SFD ETOH-Related Medical Incidents:  
Before vs. After Pioneer Square AIA Mandatory Restrictions**

FOUR YEARS OF DATA:  
BEFORE = 9/15/01 - 9/14/03  
AFTER = 9/15/03 - 9/14/05



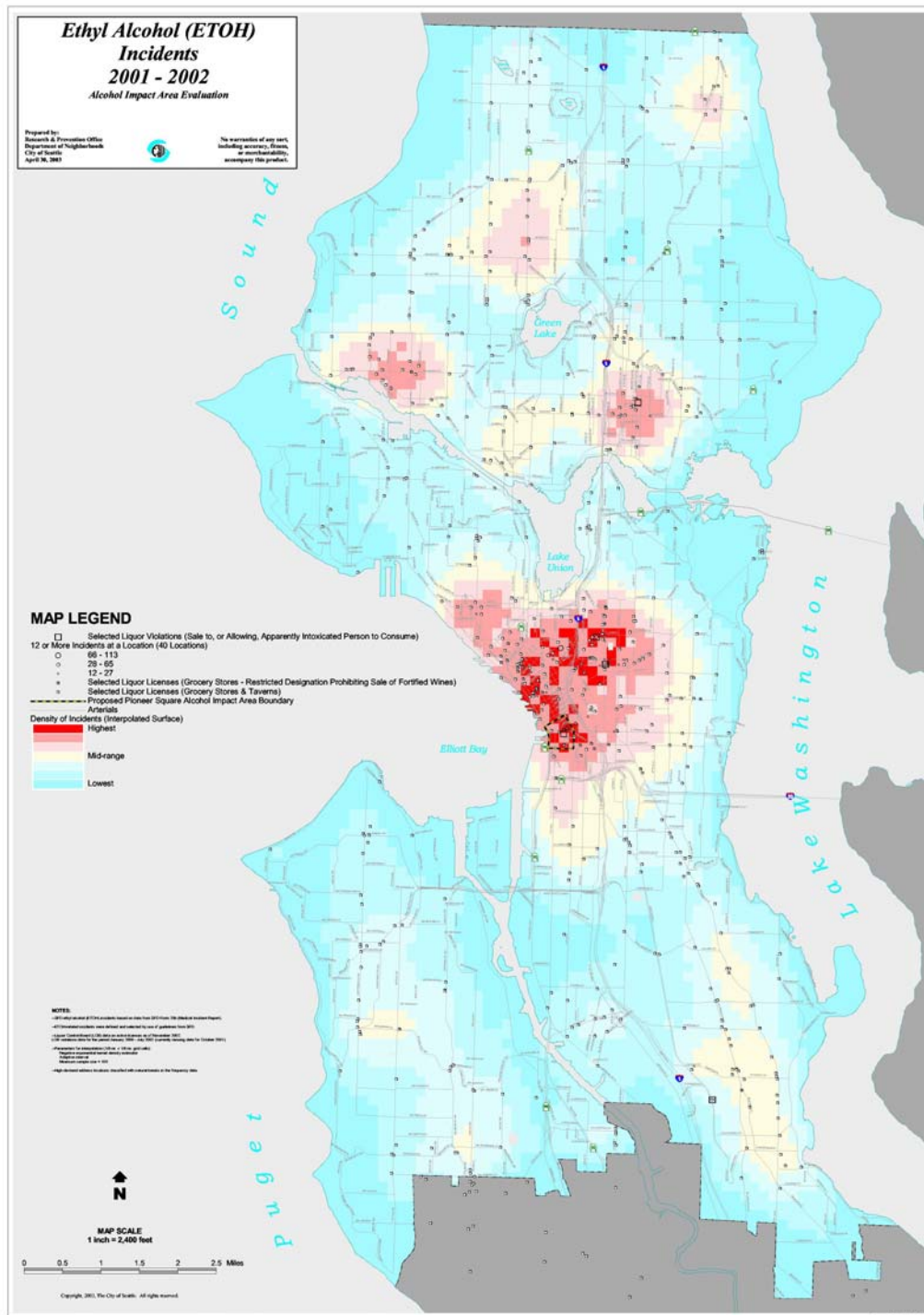
### Attachment 3

This graph shows an increase in the number of ethyl alcohol medical incidents within the AIA (by approximately 30 percent) after the mandatory restrictions were put into place. The remainder of the city (excluding the Pioneer Square AIA) had an increase of about 12 percent. The entire city as a whole (including Pioneer Square) shows an increase of 13 percent. This is based on a comparison of two years of data before mandatory restrictions to two years of data after mandatory restrictions (four years of data overall).



#### Attachment 4

This map shows areas with the greatest increases and decreases in ETOH medical incidents after the implementation of the Pioneer Square AIA. The analysis is based on four years of data (two years of data after the mandatory restrictions compared to two years before restrictions). The second largest reduction in incidents occurred in the northeast quadrant of the Pioneer Square AIA. However, large increases in the number of incidents occurred in other parts of the Pioneer Square AIA and around its perimeter, as well as elsewhere in the city.



## Attachment 5

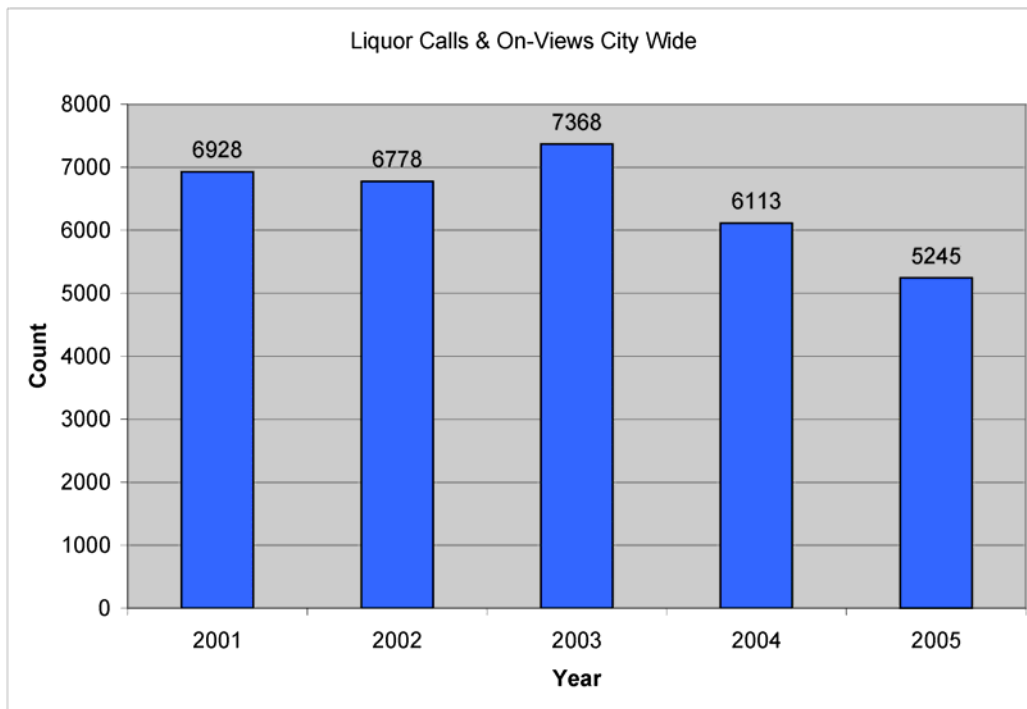
This map demonstrates density of ETOH medical incidents citywide based on two years of SFD data. Areas in red (darkest shade) have the highest densities. This historical pattern of density for these incidents is still apparent with more recent data.







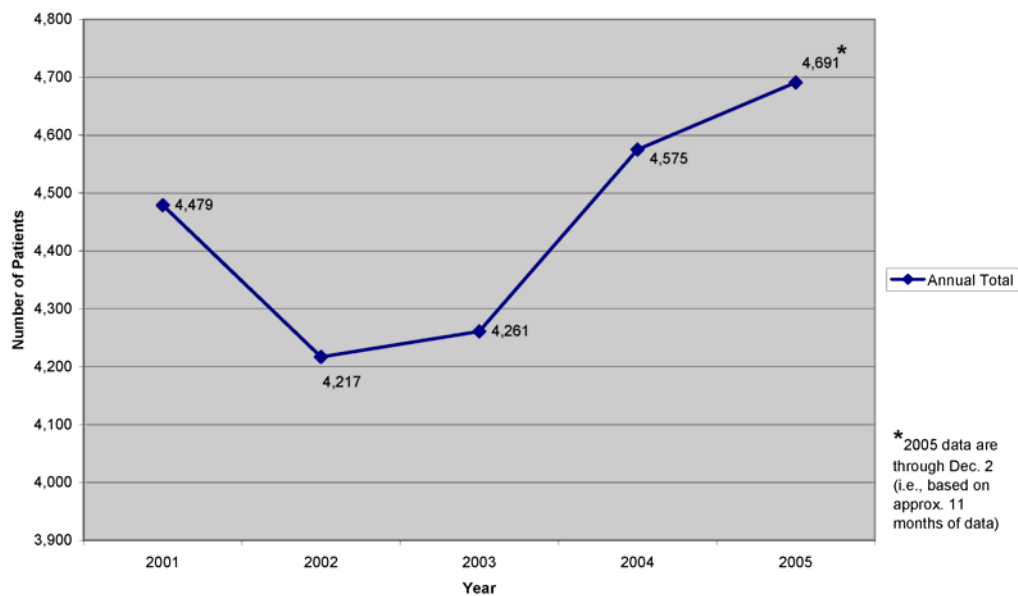




#### Attachment 8a

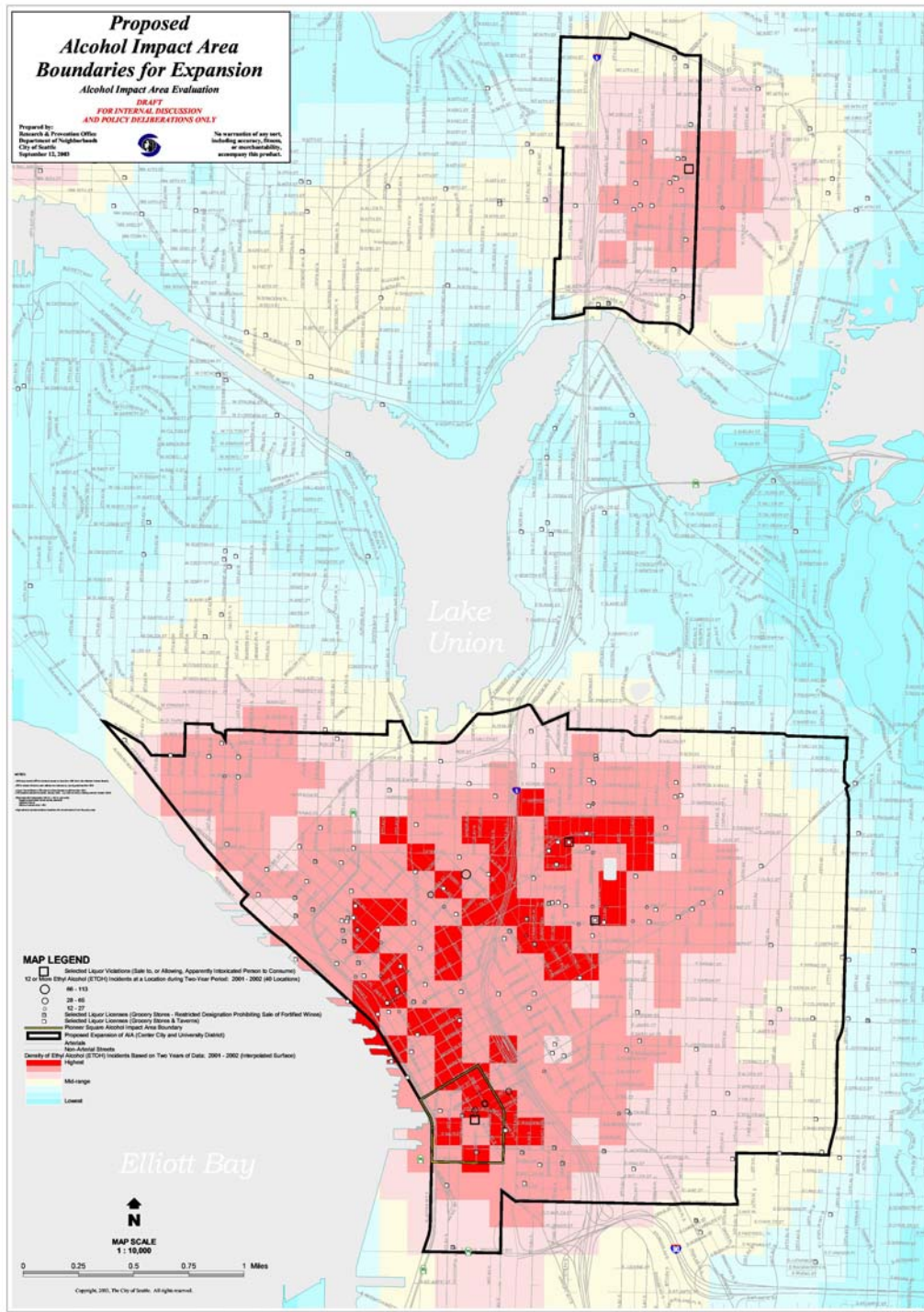
Generally speaking, except for 2003, there appears to be a downward trend in calls for service and officer on-views related to alcohol. However, this may be due, in part, to changes over time in police enforcement or other factors that are not related to conditions on the street.

Number of Alcohol-Related EMS Patients Treated by SFD  
2001-2005



#### Attachment 8b

The number of patients treated for alcohol-related matters by SFD appears to have decreased from 2001 to 2002. Thereafter, there has been a general increase in patients from 2003 to 2005. (The last data point includes data through Dec. 2, 2005 so the annual total will be even higher than the number reported here.)



## Attachment 9

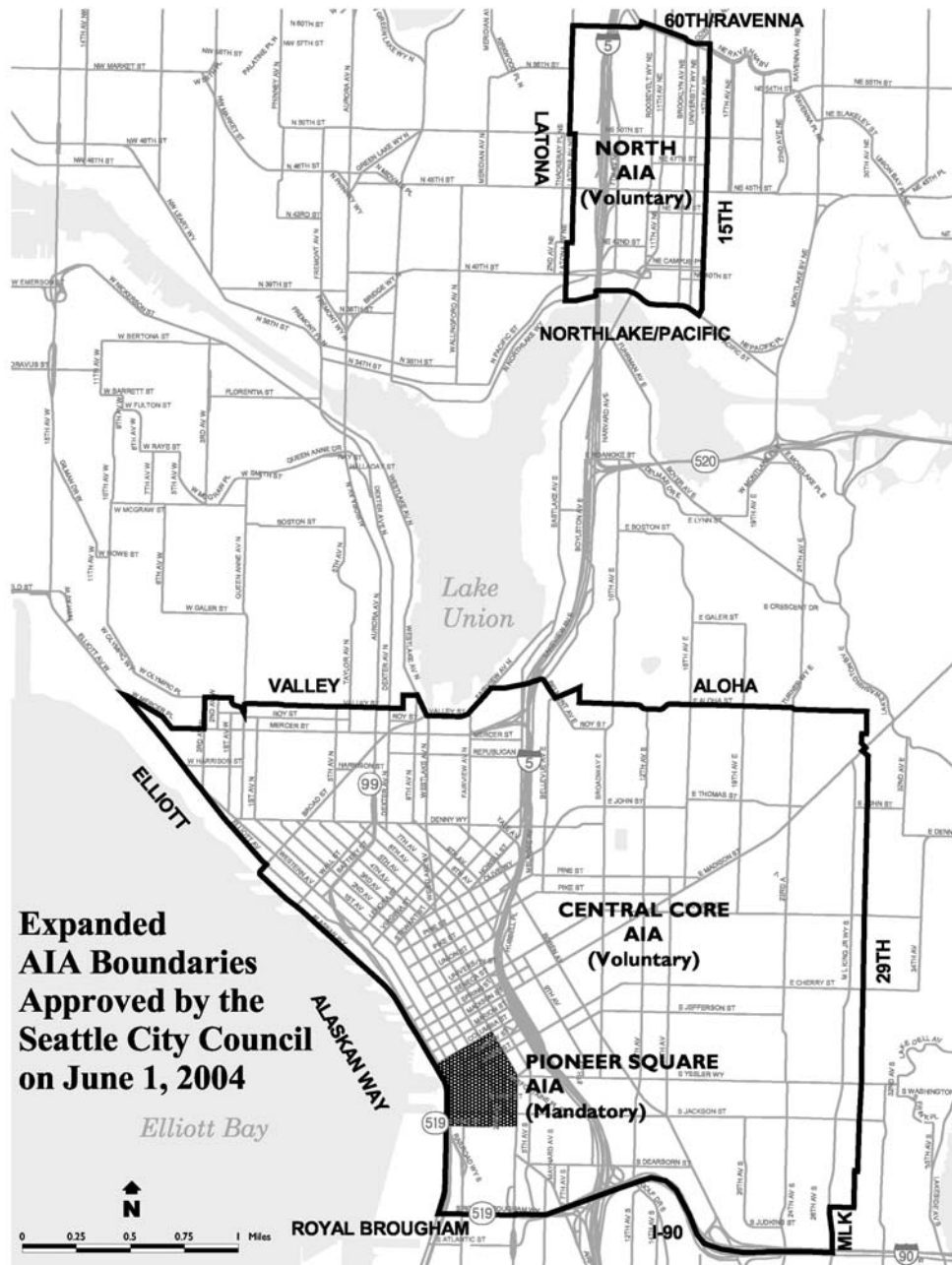
The first attempt to draw the expanded AIA boundaries is reflected here.



## Attachment 10

Following public comment and additional study, the proposed boundary of the Central Core AIA was expanded.





## Attachment 11

Final proposed boundaries as approved/adopted by the Seattle City Council on Tuesday, June 1, 2004.

**APPENDIX B**  
**GOOD NEIGHBOR AGREEMENT FOR**  
**THE CENTRAL CORE AND NORTH**  
**ALCOHOL IMPACT AREAS**







## **Good Neighbor Agreement**

City of Seattle, Neighborhood Organization, and Licensee

\_\_\_\_\_, agrees to join in efforts to reduce crime and nuisance activities associated with chronic public inebriation occurring in our community. Therefore, the undersigned business agrees to participate with the City of Seattle, neighborhood community organizations neighborhood residents, and other liquor licensees in the area in a public health and safety initiative to reduce the negative effects of chronic public inebriation and to promote public safety, health, livability and economic vitality in our neighborhoods.

To these ends, the undersigned business, which has a liquor license which allows off premises sales of alcohol, agrees to:

1. Eliminate off-premises sales of alcohol products identified in the attached product list.

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Neighborhood Organization \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Neighborhood Organization \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

City of Seattle Department \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Product List

### **1. Beer and Malt Products**

Bull Ice  
Busch Ice  
Colt 45 Ice  
Colt 45 Malt Liquor  
Hamm's Ice Brewed Ale  
Hamm's Ice Brewed Beer  
Hurricane Ice Malt Liquor  
Keystone Ice  
King Cobra Malt Liquor  
Lucky Ice Ale Premium  
Lucky Ice Beer  
Magnum Malt Liquor  
Mickey's Iced Brewed Ale  
Mickey's Malt Liquor  
Miller High Life Ice  
Milwaukee Best Ice  
Milwaukee Best Premium Ice Beer  
Natural Ice  
Old Milwaukee Ice  
Olde English 800  
Olympia Ice  
Pabst Ice  
Rainier Ale  
Red Bull Malt Liquor  
Schmidt's Ice  
Special 800 Reserve  
St. Ide's Liquor and Special Brews  
Steel Reserve

### **2. Wine Products**

Cisco  
Gino's Premium Blend  
MD 20/20  
Night Train Express  
Richard's Wild Irish Rose  
Thunderbird

For more information contact Jordan Royer, Neighborhood Action Team  
(206) 233-0069, or [jordan.royer@seattle.gov](mailto:jordan.royer@seattle.gov)

## **APPENDIX C**

### **DATA DEFINITIONS**



**DETOX Calls (SPD):**

Calls for a service to be picked up by a sobering unit van and taken to a detoxification center; based on records in the CAD (computer-aided dispatch) data from SPD. SPD has removed duplicate and cancelled calls, as well as those few cases where the sobering unit van (SUV) was dispatched as a secondary resource to another type of incident, so the data here is based on only the calls that received a response.

**Drinking in Public (SPD):**

Miscellaneous Incident Report (MIR) = 176 (Liquor Violations: Adult); does not include liquor violations by minors, which is identified by a separate MIR code.

**ETOH Medical Incidents (SFD):**

Ethyl alcohol (ETOH) incidents as reported on SFD's F20b Medical Incident Report form. We are using guidance from SFD for identification of ETOH incidents. The incidents identified include the following mechanisms: alcohol intoxication or drug (includes combined drug/alcohol mechanism). Shows the number of incidents in which engine units, aid units, and medic units responded.



**APPENDIX D**  
**SAMPLE OF COMMUNITY-BASED EVIDENCE OF THE**  
**CHALLENGE TO LOCAL COMMUNITIES**





## **D.1 University District Area**



### **Collection Area:**

University Way NE (between NE 41<sup>st</sup> and NE 50<sup>th</sup> Streets)

### **Time Period:**

February 13, 2006 – March 3, 2006

### **Group Involved in Litter Patrol Activity:**

CleanScapes and Seattle DON Neighborhood District Coordinator

## D.2 Chinatown-International District Area



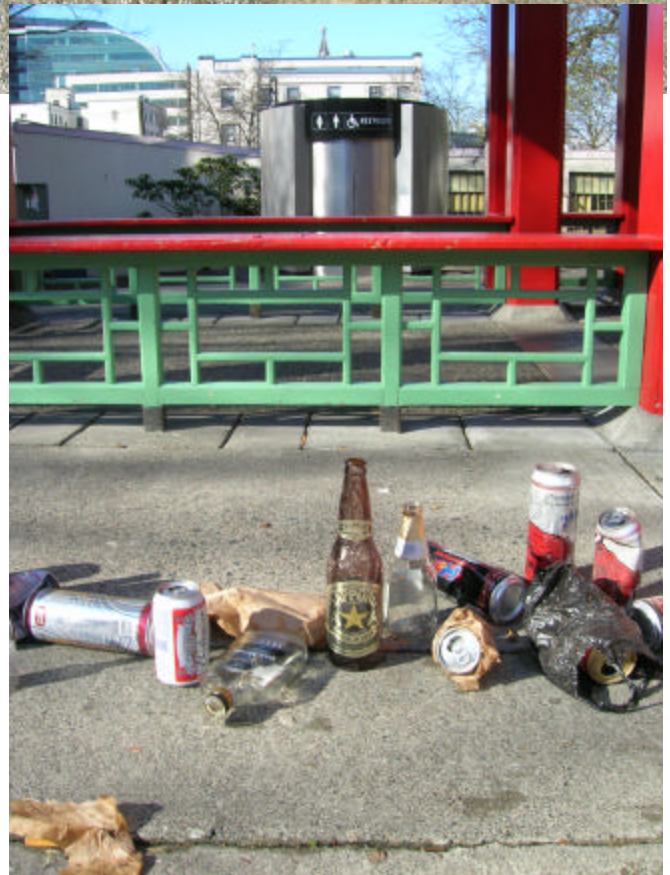












**Collection Area:**

S Jackson St to S Dearborn St  
and  
Maynard Ave S to 5<sup>th</sup> Ave S

**Time Period:**

February 24, 2006

**Group Involved**

**in Litter Patrol Activity:**

Seattle Chinatown International  
District Preservation and  
Development Authority

### **D.3 Downtown/MID**

The following list of products is from the Seattle Good Neighbor Agreement (GNA) for the voluntary compliance effort in the Central Core and North AIAs. The associated numbers on this list represent a tabulation of the products found by staff of the Metropolitan Improvement District (MID) during litter patrols over a two-month period (July – August 2005). A map of the MID is included here, as well. (Please note that other products were found, too, but not recorded. MID staff indicate to the City that roughly 1/3 of the total container count reflected below was observed for various other products. In other words, the list below represents about 75% of the containers picked up during this period.)

#### **1. Beer and Malt Products**

Bull Ice – 2, 2, 4, 1, 2, 1 = **13**

Busch Ice – 2, 1, 1, 1, 1, 3, 3, 1, 2, 2, 9, 3, 3, 1, 1, 1 = **35**

Colt 45 Ice – 1, 2 = **3**

Colt 45 Malt Liquor – 1, 1 = **2**

Hamm's Ice Brewed Ale

Hamm's Ice Brewed Beer

Hurricane Ice Malt Liquor – 1, 2, 1, 1 = **5**

Keystone Ice – 1, 6, 2, 5, 1, 1, 3, 2, 2, 1, 2, 2, 2, 5, 3, 3, 1, 1, 1, 7, 1, 1, 4, 1, 1, 7 = **76**

King Cobra Malt Liquor

Lucky Ice Ale Premium

Lucky Ice Beer

Magnum Malt Liquor

Mickey's Iced Brewed Ale – 1, 5, 1, 2, 1, 1, 1, 1, 2, 1 = **16**

Mickey's Malt Liquor – 1, 3, 1, 11, 1, 1, 2, 1, 10, 1, 1, 1, 1, 1, 1, 2, 5, 9, 13, 4, 7, 14, 3, 6, 1, 2 = **104**

Miller High Life Ice – 3, 2, 3, 1, 2, 2 = **13**

Milwaukee Best Ice – 1, 1, 1, 2, 2, 1 = **8**

Milwaukee Best Premium Ice Beer

Natural Ice – 1, 3, 1, 1, 2, 1, 2, 1, 3, 2, 4, 1, 2, 2, 1, 3, 1, 3, 2, 2, 3 = **42**

Old Milwaukee Ice – 1 = **1**

Olde English 800 – 3, 3, 2, 1, 1, 1, 6, 6, 4, 8, 2, 7, 1, 1, 2, 1, 5, 5, 7, 7, 9, 3, 3, 3 = **91**

Olympia Ice

Pabst Ice – 6, 1, 3, 1, 1 = **12**

Rainier Ale

Red Bull Malt Liquor – 1, 1, 2, 4, 1 = **9**

Schmidt's Ice – 1, 1 = **2**

Special 800 Reserve – 3, 3, 4 = **10**

St. Ide's Liquor and Special Brews

Steel Reserve – 4, 3, 8, 1, 1, 7, 4, 1, 1, 2, 4, 3, 6, 3, 5, 3, 8, 5, 1, 8, 5, 3, 22, 6, 3, 14, 4, 8, 5, 1, 1, 8, 11, 3, 5, 2, 12 = **191**

## 2. Wine Products

Cisco

Gino's Premium Blend - 1, 1 = 2

MD 20/20 - 1 = 1

Night Train Express - 1 = 1

Richard's Wild Irish Rose - 1, 1 = 2

Thunderbird





#### D.4 Central Area



**Collection Area:**

Near 23<sup>rd</sup> Ave S and S Dearborn St

**Time Period:**

March 5, 2005

**Group Involved  
in Litter Patrol Activity:**

Colman Neighborhood Association







**Collection Area:**

Near 23<sup>rd</sup> Ave S and S Dearborn St

**Time Period:**

April 15, 2006

**Group Involved in Litter Patrol Activity:**

Colman Neighborhood Association

## Colman Neighborhood Association – March 2006 Litter Patrol\*

BRAND	SIZE	MATERIAL	NUMBER
<b>MARCH 4, 2006 LITTER PATROL</b>			
B&J Fuzzy Navel	12 oz.	Bottle	1
Budweiser	12 oz.	Bottle	1
Bud Light	12 oz.	Bottle	2
Busch	40 oz.	Bottle	1
Busch	24 oz.	Can	1
Colt 45	16 oz.	Can	1
Corona Extra	12 oz.	Bottle	1
Courvouisier	Mini	Bottle	1
Courvouisier	375 ml.	Bottle	1
Gordon's Gin	Mini	Plastic	1
Grey Goose Vodka	375 ml.	Bottle	1
Heineken	12 oz.	Bottle	3
Hennessy Cognac	Mini	Bottle	1
Hennessy Cognac	375 ml.	Bottle	2
Hurricane High Gravity	24 oz.	Can	1
Icehouse	22 oz.	Bottle	1
Keystone Ice	16 oz.	Can	1
Mickey's	24 oz.	Can	1
Mickey's Ice	24 oz.	Can	2
Miller Genuine Draft	12 oz.	Bottle	3
Miller Genuine Draft	22 oz.	Bottle	1
Miller Genuine Draft	12 oz.	Can	1
Miller High Life	16 oz.	Can	1
Natural Ice	12 oz.	Can	1
Old English 800	22 oz.	Bottle	2
Old English 800	12 oz.	Can	1
Old English 800	16 oz.	Can	2
Old English 800	24 oz.	Can	2
Old English 800 High Gravity	24 oz.	Can	2
Potter's Vodka	375 ml.	Plastic	1
Prince Alexis Vodka	375 ml.	Plastic	1
R&R Whiskey	375 ml.	Bottle	1
Smirnoff Ice	12 oz.	Bottle	1
Smirnoff Twisted	12 oz.	Bottle	1
Steel Reserve 211	22 oz.	Bottle	2
Steel Reserve 211	24 oz.	Can	1
Steel Reserve 211 High Gravity	12 oz.	Can	2
Steel Reserve 211 High Gravity	16 oz.	Can	4
Steel Reserve 211 High Gravity	24 oz.	Can	1
Unidentified	12 oz.	Bottle	2
Unidentified	22 oz.	Bottle	9
Unidentified	40 oz.	Bottle	1
Wild Irish Rose	375 ml.	Bottle	3

## Colman Neighborhood Association – April 2006 Litter Patrol\*

BRAND	SIZE	MATERIAL	NUMBER
<b>APRIL 15, 2006 SPRING CLEAN UP</b>			
Ballatore	750 ml.	Bottle	1
Budweiser	12 oz.	Can	2
Christian Brothers	Mini	Plastic	1
Cisco	375 ml.	Bottle	3
Cruzan Dark Rum	Mini	Plastic	1
E&J Brandy	750 ml.	Bottle	1
Gallo White Zinfandel	375 ml.	Bottle	2
Gordon's Gin	750 ml.	Bottle	1
Gordon's Gin	Mini	Plastic	1
Heineken	24 oz.	Bottle	1
Henry Weinhard's Private Reserve	12 oz.	Bottle	1
Icehouse	16 oz.	Can	1
Jose Cuerva	Mini	Bottle	1
MD 20/20	375 ml.	Bottle	2
Mickey's	12 oz.	Bottle	1
Mickey's	24 oz.	Can	5
Mickey's Ice	22 oz.	Bottle	1
Mickey's Ice	40 oz.	Bottle	2
Mickey's Ice	24 oz.	Can	1
Mike's Hard Lemonade	24 oz.	Bottle	2
Miller High Life	32 oz.	Bottle	1
Miller High Life	12 oz.	Can	2
Miller High Life	24 oz.	Can	2
Old English 800	22 oz.	Bottle	3
Old English 800	40 oz.	Bottle	1
Old English 800	16 oz.	Can	1
Old English 800	24 oz.	Can	2
Red Dog	16 oz.	Can	1
Red Dog	24 oz.	Can	2
Sierra Nevada Pale Ale	12 oz.	Bottle	1
Sparks	16 oz.	Can	1
Steel Reserve 211	22 oz.	Bottle	1
Steel Reserve 211	24 oz.	Can	4
Steel Reserve 211 High Gravity	22 oz.	Bottle	3
Steel Reserve 211 High Gravity	12 oz.	Can	4
Steel Reserve 211 High Gravity	16 oz.	Can	10
Steel Reserve 211 High Gravity	24 oz.	Can	2
Unidentified	22 oz.	Bottle	7
Unidentified	Gallon	Bottle	2

\* March 2006 and April 2006 litter patrols were  
conducted along the S Dearborn St corridor (23<sup>rd</sup> Avenue S to Martin Luther King Jr. Way S)

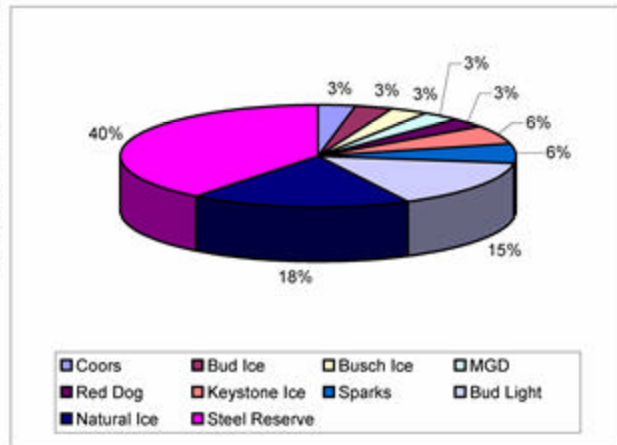
## D.5 Uptown/Lower Queen Anne

The following data was collected by litter patrols in the Uptown (Lower Queen Anne) neighborhood during various times in 2005 and 2006.

**Uptown Alcohol Litter Collection**

Coors	1
Bud Ice	1
Busch Ice	1
MGD	1
Red Dog	1
Keystone Ice	2
Sparks	2
Bud Light	5
Natural Ice	6
Steel Reserve	13

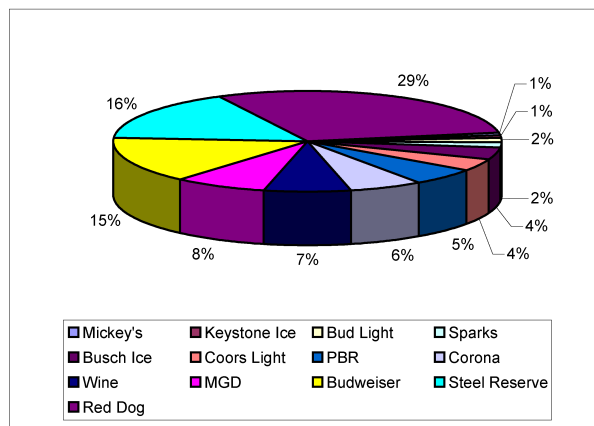
4/4/2005  
to  
4/8/2005



**Uptown Alcohol Litter Collection**

16-May-05

Mickey's	1
Keystone Ice	1
Bud Light	2
Sparks	2
Busch Ice	5
Coors Light	5
PBR	7
Corona	8
Wine	9
MGD	10
Budweiser	19
Steel Reserve	21
Red Dog	38



## Uptown Alcohol Litter Collection

Week of February 20, 2006

Tilt	2
Port Wine	2
Coors Light	3
Smirnoff Ice	6
Pilsner Urquell	1
Wired 5000	2
Mickey's	2
<b>Keystone Ice</b>	<b>19</b>
Milwaukee's Best	4
Bud	5
Bud Light	2
PBR	2
Miller Light	1
MGD	3
<b>Steel Reserve</b>	<b>23</b>
<b>Natural Ice</b>	<b>12</b>
3 Star Vodka	1

